

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Aug 24 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>P9700002215/</b> 1. Corporation Name <b>Regional Mortgage Corporation of Florida Inc.</b>			
Principal Place of Business <b>3000 Gulf to Bay Blvd Ste 312 Clearwater, FL 33759-4304</b>		Mailing Address <b>55 S. Miller Rd #2 Fairlawn, Oh 44333</b>	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 21 <b>Same</b>		2a. Mailing Address 26 <b>Same</b>	
Suite, Apt. #, etc. <b>Same</b>		Suite, Apt. #, etc. <b>#2</b>	
22 City & State <b>Same</b>		27 City & State <b>Same</b>	
23 Zip <b>Same</b> Country <b>USA</b>		28 Zip <b>44333</b> Country <b>USA</b>	
24 <b>Same</b> 25 <b>USA</b>		29 <b>44333</b> 30 <b>USA</b>	
9. Name and Address of Current Registered Agent <b>Scott B. Chapman 7040-1 West Palmetto Park Rd Ste. 399 Boca Raton, FL 33433</b>		10. Name and Address of New Registered Agent 81 Name <b>-</b> 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.			
SIGNATURE: Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE <input type="checkbox"/> DELETE NAME <b>President</b> STREET ADDRESS <b>Reed D. Shump</b> CITY-ST-ZIP <b>55 S. Miller Rd, #2</b> <b>Fairlawn, Oh 44333</b>		1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
2.1 TITLE <input type="checkbox"/> DELETE NAME <b>Secretary</b> STREET ADDRESS <b>Reed D. Shump</b> CITY-ST-ZIP <b>Same</b>		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
3.1 TITLE <input type="checkbox"/> DELETE NAME <b>Treasurer</b> STREET ADDRESS <b>Reed D. Shump</b> CITY-ST-ZIP <b>Same</b>		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
4.1 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
5.1 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
6.1 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.			
SIGNATURE: <b>Reed D. Shump</b>		6/24/1998	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
		330 836 6253	
		Daytime Phone #	

CR2E034 (10/97)