

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

FILED
Apr 23 1998 8:00am
Secretary of State

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # **P97000080397 (7)**
1. Corporation Name
NATIONAL MORTGAGE LOAN CORPORATION

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| Principal Place of Business 2521 N.E. 31ST COURT LIGHTHOUSE POINT FL 33064 | Mailing Address 2521 N.E. 31ST COURT LIGHTHOUSE POINT FL 33064 |
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DO NOT WRITE IN THIS SPACE

| | | | | | |
|---|--|---|--|--|--|
| 2. Principal Place of Business 21 Suite, Apt #, etc. 22 City & State 23 Zip 24 Country | | 2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip 29 Country | | 3. Date Incorporated or Qualified 09/16/1997 | |
| 21 | | 26 | | 4. FEI Number (IF NEEDED) 05-0788244 | |
| 22 | | 27 | | Applied For Not Applicable | |
| 23 | | 28 | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 24 | | 29 | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 25 | | 30 | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 9. Name and Address of Current Registered Agent CANADA, MITCHELL H 2521 N.E. 31ST COURT LIGHTHOUSE POINT FL 33064 | | | | 10. Name and Address of New Registered Agent | |
| | | | | 81 Name | |
| | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | |
| | | | | 83 | |
| | | | | 84 City | |
| | | | | FL 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

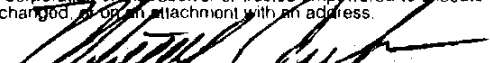
(NOTE: Registered Agent signature required when reinstating)

DATE

| | | | |
|----------------------------|--------------------------------------|---|---|
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | DPST <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CANADA, MITCHELL | 1.2 NAME | |
| STREET ADDRESS | 2521 N.E. 31ST COURT | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | LIGHTHOUSE POINT FL 33064 | 1.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 2.2 NAME | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 2.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 3.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 4.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 5.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 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:



3/10/98 (954)
788-8208

CR2E034 (1097)

1998 TAX RETURN FILING INSTRUCTIONS

FLORIDA PROFIT CORPORATION ANNUAL REPORT

NATIONAL MORTGAGE LOAN CORPORATION

FOR THE YEAR
1998

| | |
|------------------------------------|---|
| Prepared for | NATIONAL MORTGAGE LOAN CORPORATION 2521 NE 31ST COURT LIGHTHOUSE POINT, FL 33064 |
| Prepared by | AHEARN, JASCO & COMPANY, P.A. 190 S.E. 19TH AVENUE POMPANO BEACH, FL 33060-7541 |
| To be signed and dated by | A CORPORATE OFFICER |
| Amount of tax | BALANCE DUE \$150.00 |
| Mail tax return to | DIVISION OF CORPORATIONS ANNUAL REPORTS FILINGS P.O. BOX 1500 TALLAHASSEE, FL 32302-1500 |
| Return must be mailed on or before | MAY 1, 1998 |
| Special Instructions | MAKE CHECK PAYABLE TO DEPARTMENT OF STATE. ENTER DOCUMENT NUMBER ON CHECK. SEND BY CERTIFIED MAIL WITH THE SENDER'S RECEIPT POSTMARKED TO PROVE TIMELY FILING. |