


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

FILED

Oct 09 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000080397 1. Corporation Name NATIONAL MORTGAGE LOAN CORPORATION					
Principal Place of Business 2521 NE 31st Court Lighthouse Point, FL 33064			Mailing Address 2521 NE 31st Court Lighthouse Point, FL 33064		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 09/16/97 4. FEI Number 65-0788244 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent Mitchell S. Canada 2521 NE 31st Court Lighthouse Point, FL 33064				10. Name and Address of New Registered Agent 81 Name Maureen S. Canada 82 Street Address (P.O. Box Number is Not Acceptable) 2521 NE 31st Court 83 84 City Lighthouse Point FL 85 Zip Code 33064	
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 <i>Maureen S. Canada</i> Maureen S. Canada 10/1/98 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS TITLE D/P/S/T <input checked="" type="checkbox"/> DELETE NAME Canada, Mitchell STREET ADDRESS 2521 NE 31st Court CITY-ST-ZIP Lighthouse Point, FL 33064 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE D/P/S/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME Canada, Maureen 1.3 STREET ADDRESS 2521 NE 31st Court 1.4 CITY-ST-ZIP Lighthouse Point, FL 33064 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"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 600002660846 4.3 STREET ADDRESS -10/09/98--01086--015 4.4 CITY-ST-ZIP ***61.25 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"/> 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: <i>Maureen S. Canada</i> 10/1/98 954-941-0227 Signature and typed or printed name of signing officer or director Date Daytime Phone #					

CR2E034 (10/97)