2004 FOR PROFIT CORPORATION FILED ANNUAL REPORT Mar 29, 2004 08:00 AM DOCUMENT # P99000045773 **Secretary of State** NATIONSFIRST MORTGAGE CORPORATION Principal Place of Business Mailing Address 1905 RIVER OAKS DRIVE 1905 RIVER OAKS DRIVE WESTON, FL 33326 WESTON, FL 33326 03192004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number 65-0922346 \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE CIKA, RONALD 1905 RIVER OAKS DRIVE WESTON, FL 33326 IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. PSD TIFLE CIKA, RONALD NAME U00000098566 1905 RIVER OAKS DRIVE STREET ADDRESS WESTON, FL 33326 CITY-ST-ZIP

03/29/04-80045-024 (50.00

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP TILL NAME STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP MLE NAME STREET ADDRESS CRY-ST-ZIP TILE NAME STREET ADDRESS CITY-ST-ZIP

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