SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S53392** **(4)**

1. Corporation Name

NATIONAL MORTGAGE & INSURANCE CORP.

Principal Place of Business	Mailing Address
1750 E. COMMERCIAL BLVD. STE. 3 FT LAUDERDALE FL 33334 US	1750 E. COMMERCIAL BLVD. STE. 3 FT LAUDERDALE FL 33334 US

2. Principal Place of Business	2a. Mailing Address
21 4501 N.W. 103 AVE	26 4501 N.W. 103 AVE
Suite, Apt. #, etc 22 SUITE #101	Suite, Apt. #, etc 27 SUITE #101
City & State 23 SUNRISE, FL	City & State 28 SUNRISE, FL
Zip / Country 24 33351 / 25 BROWARD	Zip / Country 29 33351 / 30 BROWARD

3. Date Incorporated or Qualified: 05/15/1991
3a. Date of Last Report: 04/20/1995
4. FEI Number: 65-0259680 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FAIRMAN, CHARLES
1750 E. COMMERCIAL BLVD.
STE. 3
FT LAUDERDALE FL 33334

10. Name and Address of New Registered Agent

81 Name: CHARLES FAIRMAN
82 Street Address (P.O. Box Number is Not Acceptable): 4501 N.W 103 AVE
83: SUITE #101
84 City: SUNRISE, FL 85 Zip Code: 33351

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 of President or Vice President of the registered agent and the date if applicable) (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD FAIRMAN, CHARLES 1750 E. COMMERCIAL BLVD., #3 FT LAUDERDALE FL	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP		☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD FAIRMAN, DIANE 1750 E. COMMERCIAL BLVD., #3 FT LAUDERDALE FL	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	4501 N.W. 103 AVE #101 SUNRISE, FL 33351	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	4501 N.W. 103 AVE #101 SUNRISE, FL 33351	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Charles Fairman CHARLES FAIRMAN 6-17-96 954-572-4144
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #