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PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **S97642** **(0)**

1. Corporation Name
NAL MORTGAGE CORPORATION

Principal Place of Business	Mailing Address
500 CYPRESS CREEK ROAD WEST SUITE 590 FT LAUDERDALE FL 33309 US	500 CYPRESS CREEK ROAD WEST SUITE 590 FT LAUDERDALE FL 33309-6157 US

3. Date Incorporated or Qualified: 12/03/1991
3a. Date of Last Report: 03/18/1996

2. Principal Place of Business	2a. Mailing Address
21	26 P.O. Box 8367
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 Ft. Lauderdale, FL
Zip 24 / Country 25	Zip 29 33310-8367 / Country 30 USA

4. FEI Number: 65-0297605 ☐ 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	10. Name and Address of New Registered Agent
EMO CORPORATE SERVICES, INC. 100 NE THIRD AVENUE SUITE 1100 FT LAUDERDALE FL 33301	81 Name: Mercedes Padin, Esq. 82 Street Address (P.O. Box Number is Not Acceptable): 500 Cypress Creek Road West, Ste 590 83 84 City: Ft. Lauderdale FL 85 Zip Code: 33309

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: Mercedes Padin — Mercedes Padin — 3/10/97
Signature of new registered agent (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	PSDC BARTOLINI, ROBERT R 500 CYPRESS CREEK RD W, STE 590 FT LAUDERDALE FL ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPAS & Director SCHAEFFER, JOHN T. 500 CYPRESS CREEK RD W, STE 590 FT LAUDERDALE FL ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPAS CARLSON, ROBERT J. 500 CYPRESS CREEK RD W, STE 590 FT LAUDERDALE FL ☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS WOODSIDE, JOANN 500 CYPRESS CREEK RD W, STE 590 FT. LAUDERDALE FL ☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/96)

14. I do 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: JoAnn Woodside — JoAnn Woodside, Asst. Secy — 3/10/97 — 954-958-3605
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #