

NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Sep 01, 1999 8:00 am  
Secretary of State  
09-01-1999 90005 002 \*\*\*550.00

DOCUMENT # S97642  
Corporation Name  
NAL MORTGAGE CORPORATION



Principal Place of Business  
CYPRESS CREEK ROAD WEST  
590  
LAUDERDALE FL 33309

Mailing Address  
P O BOX 8367  
FT LAUDERDALE FL 33318-67  
US

DO NOT WRITE IN THIS SPACE

Principal Place of Business  
5217 Coconut Creek Parkway  
Suite, Apt. #, etc.  
City & State  
Margate, FL  
Zip  
33063

2a. Mailing Address  
11825 N. Pennsylvania St.  
Suite, Apt. #, etc.  
A2A  
City & State  
Carmel, IN  
Zip  
46032

Country  
US

3. Date Incorporated or Qualified  
12/03/1991

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 owes the current year Intangible Personal Property. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent  
JONES, R.K. KENNON ESQ.  
500 CYPRESS CREEK RD W  
STE 590  
FT LAUDERDALE FL 33309  
Margate, FL 33063

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

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, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
CEO DYER, WILLIAM B 500 CYPRESS CREEK RD W, STE 590 FT LAUDERDALE FL 33309	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	P/CEO 5217 Coconut Creek Parkway Margate, FL 33063	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
VD COMBS, ANDREW 500 CYPRESS CREEK RD W, STE 590 FT LAUDERDALE FL 33309	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	VP/COO/S/D 745 Fifth Avenue, Suite 2700 New York, NY 10151	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
D CUNEO, NGAIRE 500 CYPRESS CREEK RD W, STE 590 FT LAUDERDALE FL 33309	<input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	COB/D Larkin, James J. 11825 N. Pennsylvania St. Carmel, IN 46032	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
D BONNET, MICHAEL 500 CYPRESS CREEK RD W, STE 590 FT LAUDERDALE FL 33309	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	 745 Fifth Avenue, Suite 2700 New York, NY 10151	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
D HUBREGESSEN, ANDREW 500 CYPRESS CREEK RD W, STE 590 FT LAUDERDALE FL 33309	<input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	VP/CFO/T Haseley, Timothy W. 11825 N. Pennsylvania St. Carmel, IN 46032	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: James J. Larkin  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date: 8/30/99  
Daytime Phone #: (317) 817-6000

CR2E034 (5/99)