[redacted]

Amended #61.25

PROFIT CORPORATION ANNUAL REPORT
1996

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

check # 1691

DOCUMENT # V 37486

1. Corporation Name

STATEWIDE REALESTATE AND MORTGAGE INVESTMENT CORP. (S-R.E.M.I.C.)

Principal Place of Business
5869 LA COSTA DR.
ORLANDO, FL. 32807

Mailing Address
S-R.E.M.I.C.
P.O. BOX 430633
KISSIMMEE, FL. 34743

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24
Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29
Country 30

3. Date Incorporated or Qualified: 18 MAY 92
3a. Date of Last Report: 1995
4. FEI Number: 59-3294818
[ ] 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

Ed Nash
1400 W. OAK ST.
SUITE H.
KISSIMMEE, FL. 34743

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

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 E. T. Nash — EDWARD T. NASH (7) 8-5-96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE		[✓] DELETE
NAME	STEWART B. FAMOUS JR.	
STREET ADDRESS	2201 OAKVIEW CIRCLE	
CITY-ST-ZIP	ST. CLOUD, FL.	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	[ ] Change [✓] Addition
1.2 NAME	DAVID E. LANGFORD	
1.3 STREET ADDRESS	5869 LA COSTA DR.	
1.4 CITY-ST-ZIP	ORLANDO, FL. 32807	
2.1 TITLE	S	[ ] Change [✓] Addition
2.2 NAME	RICHARD BRANGO	
2.3 STREET ADDRESS	5869 LA COSTA DR.	
2.4 CITY-ST-ZIP	ORLANDO, FL. 32807	
3.1 TITLE	T	[ ] Change [✓] Addition
3.2 NAME	EDWARD NASH	
3.3 STREET ADDRESS	1400 W. OAK ST. SUITE H	
3.4 CITY-ST-ZIP	KISSIMMEE, FL. 34741	
4.1 TITLE		[ ] Change [ ] Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		[ ] Change [ ] Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		[ ] Change [ ] Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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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)(k), 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: David E. Langford — 7-29-96 — (407) 348-2265
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date
DAVID E. LANGFORD

AS 8/8/96

CR2E034 (12/95)