

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**APPROVED
AND
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95 JUN 20 AM 9:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900001519939
-06/21/95--01104--024
DO NOT WRITE IN THIS SPACE ***8.75

CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # 727253 (7)
1. Corporation Name
NATIONAL ASSOCIATION OF MORTGAGE BROKERS, INC.

Principal Place of Business: 706 E. Bell Road, Suite 101, Phoenix, AZ 85022
Mailing Address: 706 E. Bell Road, Suite 101, Phoenix, AZ 85022

3. Date Incorporated or Qualified: 08/23/1973
3a. Date of Last Report: 03/30/1994
4. FEI Number: 59-1673989
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status: \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24) and Mailing Address (25-30) fields with sub-sections for Suite, Apt. #, etc., City & State, and Zip/Country.

9. Name and Address of Current Registered Agent
TOMKO, STEVEN R., JR.
1836 LAKEVIEW RD.
CLEARWATER, FL 34624

10. Name and Address of New Registered Agent (81-85)
81 Name: [Blank]
82 Street Address (P.O. Box Number is Not Acceptable): 100001519941
83 City: -06/21/95--01104--025
84 City: ***155-00
85 Zip Code: FL

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: _____ DATE: _____
NOTE: Registered Agent signature required when constituting

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	MORROW, TERRY J.
STREET ADDRESS	N MULBERRY ST.
CITY- ST- ZIP	BANDERA, TX
TITLE	PE
NAME	WINSLOW, GARY
STREET ADDRESS	1200 112th AVE NE C-250
CITY- ST- ZIP	BELLEVUE, WA
TITLE	VP
NAME	ECK, CHARLES
STREET ADDRESS	870 E. HIGGINS RD. #132
CITY- ST- ZIP	SCHAUMBURG, IL
TITLE	D
NAME	KNIFF, STACEY L.
STREET ADDRESS	402 W BROADWAY 12TH FL.
CITY- ST- ZIP	SAN DIEGO, CA
TITLE	P
NAME	SISK, BARBARA A.
STREET ADDRESS	5930 LBJ FREEWAY, #458
CITY- ST- ZIP	DALLAS, TX
TITLE	M
NAME	HOOGENDYK, MICHAEL J.
STREET ADDRESS	706 E. BELL RD., #101
CITY- ST- ZIP	PHOENIX, AZ

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1 2 NAME	GAFFNEY, SCOTT, JR.	
1 3 STREET ADDRESS	4350 E. CAMELBACK RD., #1006	
1 4 CITY- ST- ZIP	PHOENIX, AZ	
2 1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2 2 NAME	LEWIS, SUZANNE	
2 3 STREET ADDRESS	1809 HWY 199 N, SUITE B	
2 4 CITY- ST- ZIP	ASHLAND, OR	
3 1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3 2 NAME	ECK, CHARLES	
3 3 STREET ADDRESS	870 E. HIGGINS RD., #132	
3 4 CITY- ST- ZIP	SCHAUMBURG, IL	
4 1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4 2 NAME	LINES, GENE L.	
4 3 STREET ADDRESS	931 E. SOUTHERN, #106	
4 4 CITY- ST- ZIP	MESA, AZ 85214-2040	
5 1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5 2 NAME	SISK, BARBARA A.	
5 3 STREET ADDRESS	5930 LBJ FREEWAY, #458	
5 4 CITY- ST- ZIP	DALLAS, TX	
6 1 TITLE	M	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6 2 NAME	WAAS, ANDREA	
6 3 STREET ADDRESS	706 E. BELL RD., #101	
6 4 CITY- ST- ZIP	PHOENIX, AZ	

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 110.07(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 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: Andrea S. Waas 5-17-95 1102-992-6181
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR Date System Issue #