

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

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



Principal Place of Business Mailing Address
1735 N LYNN ST 1735 N LYNN ST
SUITE 950 SUITE 950
ARLINGTON VA 22209 ARLINGTON VA 22209
US US

3. Date Incorporated or Qualified **08/23/1973** 3a. Date of Last Report **06/20/1995**

4. FEI Number **59-1673989** 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

21. Principal Place of Business 26. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
22. City & State 27. City & State
23. Zip 28. Zip Country 29. Zip Country
24. 25. 30.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TOMKO, STEVEN R JR
1836 LAKEVIEW RD
CLEARWATER FL 34624

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip **FL**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

| | | |
|-----------------|---------------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> DELETE |
| NAME | MCGILL, PATRICIA K | |
| STREET ADDRESS | 21 CHURCH ST | |
| CITY - ST - ZIP | FREDERICK MD 21701 | |
| TITLE | PE | <input type="checkbox"/> DELETE |
| NAME | BECKER, THOMAS W | |
| STREET ADDRESS | 801 S WAVERLY, #101 | |
| CITY - ST - ZIP | LANSING MI 48917 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | HIX, JANICE M | |
| STREET ADDRESS | 6000 LAKE FOREST DR | |
| CITY - ST - ZIP | ATLANTA GA | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | NORTON, PATRICIA L | |
| STREET ADDRESS | 333 WEST HAMPTON AVE 701 | |
| CITY - ST - ZIP | ENGLEWOOD CO 80110 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | GAFFNEY, R E JR | |
| STREET ADDRESS | 4350 E CAMELBACK, #100C | |
| CITY - ST - ZIP | PHOENIX AZ 85018 | |
| TITLE | M | <input type="checkbox"/> DELETE |
| NAME | KINNEY, KAY R | |
| STREET ADDRESS | 1735 N LYNN ST. SUITE 950 | |
| CITY - ST - ZIP | ARLINGTON VA 22209 | |

| | |
|---------------------|--|
| 11. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. NAME | |
| 13. STREET ADDRESS | |
| 14. CITY - ST - ZIP | |
| 21. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22. NAME | |
| 23. STREET ADDRESS | |
| 24. CITY - ST - ZIP | |
| 31. TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32. NAME | |
| 33. STREET ADDRESS | |
| 34. CITY - ST - ZIP | |
| 41. TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42. NAME | |
| 43. STREET ADDRESS | |
| 44. CITY - ST - ZIP | |
| 51. TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52. NAME | |
| 53. STREET ADDRESS | |
| 54. CITY - ST - ZIP | |
| 61. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62. NAME | |
| 63. STREET ADDRESS | |
| 64. 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Kay R. Kinney* **Kay R. Kinney** 4/20/96 703/524-0664
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 03/15/96