

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**APPROVED
AND
FILED**

1997 OCT -6 PM 1:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 374480
1. Corporation Name
CHASE FEDERAL HOUSING CORPORATION

Principal Place of Business 401 N TRYON ST NC1-021-03-09 CHARLOTTE NC 28255	Mailing Address Same
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2. Principal Place of Business 21 Suite, Apt #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified	3a. Date of Last Report
4. FEI Number 59-1316623	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
~~G T CORPORATION SYSTEM~~ Meryl Wolfson
~~1200 S Pine Island Rd~~ 7300 Kendall Dr
~~Plantation FL 33324~~ Miami FL 33156

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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOT: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	President	<input type="checkbox"/> DELETE
NAME	Turner B. Smith	
STREET ADDRESS	401 N TRYON ST NC1-021-03-09	
CITY-ST-ZIP	CHARLOTTE NC 28255	
TITLE	Sr. V.P.	<input type="checkbox"/> DELETE
NAME	Gary S. Williams	
STREET ADDRESS	401 N TRYON ST NC1-021-03-09	
CITY-ST-ZIP	CHARLOTTE NC 28255	
TITLE	Sec.	<input type="checkbox"/> DELETE
NAME	Edward J. Stark	
STREET ADDRESS	401 N TRYON ST NC1-021-03-09	
CITY-ST-ZIP	CHARLOTTE NC 28255	
TITLE	Treasurer	<input type="checkbox"/> DELETE
NAME	Lynn L. Rhoads	
STREET ADDRESS	401 N TRYON ST NC1-021-03-09	
CITY-ST-ZIP	CHARLOTTE NC 28255	
TITLE	Dir	<input type="checkbox"/> DELETE
NAME	Edith M. Loughlin	
STREET ADDRESS	401 N TRYON ST NC1-021-03-09	
CITY-ST-ZIP	CHARLOTTE NC 28255	
TITLE	Dir	<input type="checkbox"/> DELETE
NAME	Turner B. Smith	
STREET ADDRESS	401 N TRYON ST NC1-021-03-09	
CITY-ST-ZIP	CHARLOTTE NC 28255	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	900002318029--3
14 CITY-ST-ZIP	-10/10/97--01111--023
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	***550.00 ***550.00
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input 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	

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: Gary S. Williams 8/15/97 704-386-5956
SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)