

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **408187** (3)
1. Corporation Name
CHASE HOME MORTGAGE CORPORATION OF THE SOUTHEAST



Principal Place of Business: **4915 INDEPENDENCE PARKWAY TAMPA FL 33634-4540**
Mailing Address: **4915 INDEPENDENCE PARKWAY TAMPA FL 33634 US**

3. Date incorporated or Qualified: **09/05/1972**
3a. Date of Last Report: **03/10/1995**
4. FEI Number: **59-1413442**
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

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30
21, 22, 23, 24: City & State, Zip, Country
26, 27, 28, 29, 30: City & State, Zip, Country

9. Name and Address of Current Registered Agent

**JACOBS, ROBERT J.
4915 INDEPENDENCE PARKWAY
TAMPA FL 33634**

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 of the person filing this statement (required)

Signature of the registered agent (required when registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PDC	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: KOONS, FRED B.		1.2 NAME	
STREET ADDRESS: 4915 INDEPENDENCE PKWY.		1.3 STREET ADDRESS	
CITY-STATE-ZIP: TAMPA FL		1.4 CITY-STATE-ZIP	
TITLE: VS	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: JACOBS, ROBERT J		2.2 NAME	
STREET ADDRESS: 4915 INDEPENDENCE PKWY.		2.3 STREET ADDRESS	
CITY-STATE-ZIP: TAMPA FL		2.4 CITY-STATE-ZIP	
TITLE: VT	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: MARZOL, ADOLFO F		3.2 NAME	
STREET ADDRESS: 4915 INDEPENDENCE PKWY		3.3 STREET ADDRESS	
CITY-STATE-ZIP: TAMPA FL		3.4 CITY-STATE-ZIP	
TITLE: V	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: COOPER, SAMUEL H.		4.2 NAME	
STREET ADDRESS: 300 TICE BLVD 3RD FL N		4.3 STREET ADDRESS	
CITY-STATE-ZIP: WOODCLIFF LAKE NJ		4.4 CITY-STATE-ZIP	
TITLE: V	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: MIRRO, RICHARD A.		5.2 NAME	
STREET ADDRESS: 4915 INDEPENDENCE PKWY		5.3 STREET ADDRESS	4915 Independence Parkway
CITY-STATE-ZIP: TAMPA FL		5.4 CITY-STATE-ZIP	Tampa, FL
TITLE: V	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: HALL, DEANE W.		6.2 NAME	
STREET ADDRESS: 4915 INDEPENDENCE PKWY		6.3 STREET ADDRESS	
CITY-STATE-ZIP: TAMPA FL		6.4 CITY-STATE-ZIP	

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: **Robert J. Jacobs, Secretary**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Handwritten Signature] 1/17/96 813/881-2110
DATE PHONE

CR2E034 (12/95)