

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
 Sep 23 1997 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21-24)
 2a. Mailing Address (25-30)

3. Date Incorporated or Qualified: 09/05/1972
 3a. Date of Last Report: 01/30/1996
 4. FEI Number: 59-1413442
 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 owes or has paid the current year Intangible Personal Property Tax due June 30: Yes No

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: CT Corporation System
 82 Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road
 83
 84 City: Plantation FL 85 Zip Code: 33324

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: Theresa Taylor, Asst. Sec. Theresa Taylor, Asst. Sec. 9/17/97
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when transferring) DATE

12. OFFICERS AND DIRECTORS

TITLE	PDC	<input checked="" type="checkbox"/> DELETE
NAME	KOONS, FRED B.	
STREET ADDRESS	4915 INDEPENDENCE PKWY.	
CITY-ST-ZIP	TAMPA FL	
TITLE	VS	<input checked="" type="checkbox"/> DELETE
NAME	JACOBS, ROBERT J	
STREET ADDRESS	4915 INDEPENDENCE PKWY.	
CITY-ST-ZIP	TAMPA FL	
TITLE	VT	<input checked="" type="checkbox"/> DELETE
NAME	MARZOL, ADOLFO F	
STREET ADDRESS	4915 INDEPENDENCE PKWY	
CITY-ST-ZIP	TAMPA FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	COOPER, SAMUEL H.	
STREET ADDRESS	300 TICE BLVD 3RD FL N	
CITY-ST-ZIP	WOODCLIFF LAKE NJ	
TITLE	PDC	<input checked="" type="checkbox"/> DELETE
NAME	MIRRO, RICHARD A.	
STREET ADDRESS	4915 INDEPENDENCE PARKWAY	
CITY-ST-ZIP	TAMPA FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HALL, DEANE W.	
STREET ADDRESS	4915 INDEPENDENCE PKWY	
CITY-ST-ZIP	TAMPA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D/T	D/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Glenn Mouridy	
1.3 STREET ADDRESS	343 Thornall Street	
1.4 CITY-ST-ZIP	Edison, NJ 08837	
2.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Marguerite Sheehan	
2.3 STREET ADDRESS	343 Thornall Street	
2.4 CITY-ST-ZIP	Edison, NJ 08837	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	William C. Mollhagen	
3.3 STREET ADDRESS	343 Thornall Street	
3.4 CITY-ST-ZIP	Edison, NJ 08837	
4.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Susan Craufurd	
5.3 STREET ADDRESS	4915 Independence Parkway	
5.4 CITY-ST-ZIP	Tampa, FL 33634	
6.1 TITLE	EVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS	6900 Southpoint Drive North	
6.4 CITY-ST-ZIP	Jacksonville, FL 32216	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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.

CR2E034 (4/97)