


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

FILED
Apr 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21		26	343 Thornall Street
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	c/o Legal Department
City & State		City & State	
23		28	Edison, NJ
Zip	Country	Zip	Country
24		29	08837
	25		30

3. Date Incorporated or Qualified 09/05/1972	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
4. FEI Number 59-1413442		
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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
 1200 S PINE ISLAND RD
 PLANTATION FL 33324**

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

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOURIDY, GLENN	1.2 NAME	
STREET ADDRESS	343 THORNALL ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	EDISON NJ	1.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEEHAN, MARGUERITE	2.2 NAME	
STREET ADDRESS	343 THORNALL ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	EDISON NJ	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOLLHAGEN, WILLIAM C	3.2 NAME	
STREET ADDRESS	343 THORNALL ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	EDISON NJ	3.4 CITY-ST-ZIP	
TITLE	PD <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-ST-ZIP	WOODCLIFF LAKE NJ	4.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRAUFURD, SUSAN	5.2 NAME	
STREET ADDRESS	4915 INDEPENDENCE PKWY	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	
TITLE	EVP <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALL, DEANE W.	6.2 NAME	
STREET ADDRESS	6900 SOUTHPOINT DR N	6.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	6.4 CITY-ST-ZIP	

14. I 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: *Marguerite Sheehan* **Marguerite Sheehan, Secretary** 4/8/98 (732) 205-0600

CR2E034 (10/97)