

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

FILED
May 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # 852984 (4)

1. Corporation Name
CHASE MORTGAGE SERVICES, INC.



Principal Place of Business 4915 INDEPENDENCE PARKWAY TAMPA FL 33634-4540	Mailing Address 4915 INDEPENDENCE PARKWAY TAMPA FL 33634-7540 US
--	--

3. Date Incorporated or Qualified 05/25/1982	3a. Date of Last Report 01/30/1996
4. FEI Number 22-2318907	Applied For 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	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
3 Zip Country	28 Zip Country
4	25
29	30

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH 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 **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) (NOTE: Registered Agent signature required when reinstating) DATE _____

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DV <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALL, DEANE W.	1.2 NAME	
STREET ADDRESS	4915 INDEPENDENCE PKWAY	1.3 STREET ADDRESS	
TY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	
TITLE	CD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MIRRO, RICHARD A.	2.2 NAME	Gregg Gorman
STREET ADDRESS	4915 INDEPENDENCE PKWY	2.3 STREET ADDRESS	343 Thornall Street
TY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	Edison, NJ 08837
TITLE	VS <input checked="" type="checkbox"/> DELETE	3.1 TITLE	V/S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JACOBS, ROBERT, J	3.2 NAME	Marguerite Sheehan
STREET ADDRESS	4915 INDEPENDENCE PKWY	3.3 STREET ADDRESS	343 Thornall Street
TY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	Edison, NJ 08837
TITLE	DVT <input checked="" type="checkbox"/> DELETE	4.1 TITLE	V/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARZOL, ADOLFO F.	4.2 NAME	Glenn Mouridy
STREET ADDRESS	4915 INDEPENDENCE PKWY	4.3 STREET ADDRESS	343 Thornall Street
TY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	Edison, NJ 08837
TITLE	CD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	C/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KOONS, FRED B.	5.2 NAME	Thomas Jacob
STREET ADDRESS	4915 INDEPENDENCE PKWY	5.3 STREET ADDRESS	343 Thornall Street
TY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	Edison, NJ 08837
TITLE	DV <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	COOPER, SAMUEL H.	6.2 NAME	
STREET ADDRESS	300 TICE BLVD 3RD FLOOR N	6.3 STREET ADDRESS	
TY-ST-ZIP	WOODCLIFF LAKE NJ	6.4 CITY-ST-ZIP	

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 in an attachment with an address.

SIGNATURE: Gregg Gorman, Vice President **5/9/97** **(908) 205-0600**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)