

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

FILED

**May 13 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # F95000000187 (3)

1. Corporation Name
MIDCOAST MORTGAGE CORPORATION



Principal Place of Business
**5700 LAKE WORTH RD #310
LAKE WORTH FL 33463**

Mailing Address
**5700 LAKE WORTH RD #310
LAKE WORTH FL 33463**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 1926 TENTH AVENUE NORTH		26 1926 TENTH AVENUE NORTH		01/12/1995	
Suite, Apt #, etc.		Suite, Apt #, etc.		4. FEI Number	
22 4TH FLOOR		27 4TH FLOOR		11-1870337	
City & State		City & State		Applied For	
23 LAKE WORTH, FL		28 LAKE WORTH, FL		Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 33461		29 USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25 USA		30 USA		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				10. Name and Address of New Registered Agent			
ROGERS, JAMES 5700 LAKE WORTH ROAD, SUITE 310 LAKE WORTH FL 33463				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				1926 TENTH AVENUE NORTH			
				83 4TH FLOOR			
84 City				85 Zip Code			
LAKE WORTH				FL 33461			

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PCEO	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	V/T	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	SOPER, WILLIARD B II		1.2 NAME	JAMES M. ROGERS			
STREET ADDRESS	1901 W. CYPRESS CREEK RD., #300		1.3 STREET ADDRESS	1926 TENTH AVENUE NORTH, 4TH FLOOR			
CITY-ST-ZIP	FT. LAUDERDALE FL 33309		1.4 CITY-ST-ZIP	LAKE WORTH, FL 33461	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
TITLE	D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	V	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	SHAPIRO, ALBERT		2.2 NAME	CAROLYN S. SESCO			
STREET ADDRESS	5700 LAKE WORTH ROAD SUITE 310		2.3 STREET ADDRESS	1926 TENTH AVENUE NORTH, 4TH FLOOR			
CITY-ST-ZIP	LAKE WORTH FL		2.4 CITY-ST-ZIP	LAKE WORTH, FL 33461	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
TITLE	D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	V	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	BERNSTEIN, MICHAEL		3.2 NAME	EVE WILT			
STREET ADDRESS	5700 LAKE WORTH ROAD SUITE 310		3.3 STREET ADDRESS	1926 TENTH AVE NORTH, 4TH FLOOR			
CITY-ST-ZIP	LAKE WORTH FL		3.4 CITY-ST-ZIP	LAKE WORTH, FL 33461	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE				
NAME	SHAPIRO, HONORA		4.2 NAME	1926 TENTH AVENUE NORTH, 4TH FLOOR			
STREET ADDRESS	5700 LAKE WORTH DRIVE SUITE 310		4.3 STREET ADDRESS	LAKE WORTH, FL 33461			
CITY-ST-ZIP	LAKE WORTH FL		4.4 CITY-ST-ZIP				
TITLE	DPC	<input type="checkbox"/> DELETE	5.1 TITLE	D/P	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	SOPER, WILLIARD		5.2 NAME	WILLIARD B. SOPER II			
STREET ADDRESS	5700 LAKE WORTH ROAD SUITE 310		5.3 STREET ADDRESS	1926 TENTH AVENUE NORTH, 4TH FLOOR			
CITY-ST-ZIP	LAKE WORTH FL		5.4 CITY-ST-ZIP	LAKE WORTH, FL 33461			
TITLE	VPS	<input type="checkbox"/> DELETE	6.1 TITLE	V/S	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	PARRA, OLGA		6.2 NAME	OLGA E. PARRA			
STREET ADDRESS	5700 LAKE WORTH ROAD SUITE 310		6.3 STREET ADDRESS	1926 TENTH AVENUE NORTH, 4TH FLOOR			
CITY-ST-ZIP	LAKE WORTH FL		6.4 CITY-ST-ZIP	LAKE WORTH, FL 33461			

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.

CR2E034 (10/97)