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**Apr 07 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 # F96000001591 (4)

1. Corporation Name
CH MORTGAGE COMPANY



Principal Place of Business: **7001 N. SCOTTSDALE RD., STE 2055 SCOTTSDALE AZ 85253**
Mailing Address: **7001 N. SCOTTSDALE RD., STE 2055 SCOTTSDALE AZ 85253-3667**

3. Date Incorporated or Qualified 03/28/1996	3a. Date of Last Report
4. FEI Number 87-1417815	Applied For <input type="checkbox"/> 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
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MORONEY, JOHN P 9450 SUNSET DRIVE, STE 101 MIAMI FL 33173				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)	8000 GOVERNOR'S SQUARE BLVD.		
				83	SUITE 101		
				84 City	MIAMI LAKES,	85 State	FL

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	PD	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PRESENT, RANDALL C			1.2 NAME			
STREET ADDRESS	11911 BURNET ROAD			1.3 STREET ADDRESS			
CITY-ST-ZIP	AUSTIN TX			1.4 CITY-ST-ZIP			
TITLE	VS	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GADBERRY, COLEEN			2.2 NAME			
STREET ADDRESS	7001 N SCOTTSDALE RD., STE 2050			2.3 STREET ADDRESS			
CITY-ST-ZIP	SCOTTSDALE AZ			2.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	LOBACK, DONALD R			3.2 NAME	RYAN, ROBERT B.		
STREET ADDRESS	7001 N SCOTTSDALE RD., STE 2050			3.3 STREET ADDRESS	7001 N SCOTTSDALE RD., STE. 2050		
CITY-ST-ZIP	SCOTTSDALE AZ			3.4 CITY-ST-ZIP	SCOTTSDALE, AZ		
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HICKOX, W T			4.2 NAME			
STREET ADDRESS	7001 N SCOTTSDALE RD., STE 2050			4.3 STREET ADDRESS			
CITY-ST-ZIP	SCOTTSDALE AZ			4.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	GONZALES, KENDA B			5.2 NAME	CHRISTINA M. MONKEWICZ		
STREET ADDRESS	7001 N SCOTTSDALE RD., STE 2050			5.3 STREET ADDRESS	7001 N. SCOTTSDALE ROAD, STE. 2050		
CITY-ST-ZIP	SCOTTSDALE AZ			5.4 CITY-ST-ZIP	SCOTTSDALE, AZ 85253		
TITLE	AS	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WOLNOSKI, BEA			6.2 NAME			
STREET ADDRESS	7001 N SCOTTSDALE RD., STE 2055			6.3 STREET ADDRESS			
CITY-ST-ZIP	SCOTTSDALE AZ			6.4 CITY-ST-ZIP			

14. 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 on an attachment with an address.

SIGNATURE: Christina M. Monkewicz 3/14/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)