

FILE NO. W: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 05, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000001291

1. Corporation Name
GMAC MORTGAGE VENTURE, INC.



Principal Place of Business 100 WITMER ROAD HORSHAM PA 19044	Mailing Address CORP COMPLIANCE 100 WITMER RD BOX 963 HORSHAM PA 19044-963 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
	Country 30

3. Date Incorporated or Qualified 03/13/1997	
4. FEI Number 23-2887228	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 owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

12. OFFICERS AND DIRECTORS

TITLE	PC	<input type="checkbox"/> DELETE
NAME	APPLEGATE, DAVID M	
STREET ADDRESS	100 WITMER ROAD	
CITY-ST-ZIP	HORSHAM PA 19044	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	SNYDER, GLEN W	
STREET ADDRESS	100 WITMER ROAD	
CITY-ST-ZIP	HORSHAM PA 19044	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	COUGHEY, KEITH	
STREET ADDRESS	1301 VIRGINIA DRIVE, MAPLEWOOD OFFICE PARK	
CITY-ST-ZIP	FORT WASHINGTON PA 19034	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FELLER, ROBERT	
STREET ADDRESS	100 WITMER ROAD	
CITY-ST-ZIP	HORSHAM PA 19044	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LYLES, RON	
STREET ADDRESS	100 WITMER ROAD	
CITY-ST-ZIP	HORSHAM PA 19044	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MAINARDI, MARIANNE	
STREET ADDRESS	100 WITMER ROAD	
CITY-ST-ZIP	HORSHAM PA 19044	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	477 Martinsville Road
5.4 CITY-ST-ZIP	Liberty Corner, NJ 07938
6.1 TITLE	VPT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, with all other like empowered.

SIGNATURE: Glen W. Snyder **REQUIRED** Date: 4/19/99 Daytime Phone #: (215) 682-1462

CR2E034 (1/1/98)