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Feb 27, 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 # F98000000070

1. Corporation Name
SMC MORTGAGE CORPORATION



Principal Place of Business 6400 UPTOWN BLVD., NE. STE. 200E ALBUQUERQUE NM 87110	Mailing Address 6400 UPTOWN BLVD., NE. STE. 200E ALBUQUERQUE NM 87110
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DO NOT WRITE IN THIS SPACE

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 Zip Country	29 Zip Country
25	30

3. Date Incorporated or Qualified 01/06/1998	
4. FEI Number 74-2810547	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 owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

JURSINSKI, KEVIN F P.A.
2222 SECOND ST.
FT. MYERS FL 33901

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	PCEO <input type="checkbox"/> DELETE
NAME	FELD, ANDREW LEE
STREET ADDRESS	4421 HIDDEN VALLEY CT.
CITY-ST-ZIP	ALBUQUERQUE NM 87111
TITLE	VCFO <input type="checkbox"/> DELETE
NAME	PELLETIER, LAURA DIANE
STREET ADDRESS	12813 DEER DANCER DR.
CITY-ST-ZIP	ALBUQUERQUE NM 87111
TITLE	VM <input type="checkbox"/> DELETE
NAME	HOBSON, KAREN L
STREET ADDRESS	2315 SUNSTONE DR., NW
CITY-ST-ZIP	ALBUQUERQUE NM 87120
TITLE	VM <input type="checkbox"/> DELETE
NAME	NEWTON, KRISTEN M
STREET ADDRESS	309 1/2 CENTRAL AVE.
CITY-ST-ZIP	OSSEO MN 55349
TITLE	S <input type="checkbox"/> DELETE
NAME	DECANEY, KATHERINE E
STREET ADDRESS	08 DEE CT.
CITY-ST-ZIP	LOS LUNAS NM 87031
TITLE	VM <input checked="" type="checkbox"/> DELETE
NAME	REYES, RODNEY
STREET ADDRESS	14353 N. 99TH ST.
CITY-ST-ZIP	SCOTTSDALE AZ 85260

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Kent Livingston
1.3 STREET ADDRESS	6905 Blossom Place NE
1.4 CITY-ST-ZIP	Albuquerque, NM 87111
2.1 TITLE	VM <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Gary Aniello
2.3 STREET ADDRESS	2008 Twisted Juniper Road
2.4 CITY-ST-ZIP	Rio Rancho, NM 87111
3.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Michelle Pacovsky
3.3 STREET ADDRESS	3186 North Shore Dr.
3.4 CITY-ST-ZIP	Orono, MN 55391
4.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Victor Rosenthal
4.3 STREET ADDRESS	5207 Calle De Camino
4.4 CITY-ST-ZIP	Albuquerque, NM 87111
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input 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: **SIGNATURE REQUIRED** 1/19/99 505-346-7600
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)