

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
 Aug 04 1997 8:00am  
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # K80620 (3)**  
 1. Corporation Name  
**BANKERS DIRECT MORTGAGE CORPORATION**



Principal Place of Business <b>580 VILLAGE BLVD. STE. 360 WEST PALM BEACH FL 33409</b>	Mailing Address <b>580 VILLAGE BLVD. STE. 360 WEST PALM BEACH FL 33409</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>580 VILLAGE Blvd.</b>	2a. Mailing Address 26 <b>580 VILLAGE Blvd.</b>
Suite, Apt. #, etc. 22 <b>SUITE 120</b>	Suite, Apt. #, etc. 27 <b>SUITE 120</b>
City & State 23 <b>WEST PALM BEACH</b>	City & State 28 <b>WEST PALM BEACH</b>
Zip 24 <b>33409</b>	Country 25 <b>PAUM BEACH</b>
Country 25 <b>PAUM BEACH</b>	Zip 29 <b>33409</b>
Country 25 <b>PAUM BEACH</b>	Country 30 <b>PAUM BEACH</b>

3. Date Incorporated or Qualified <b>04/17/1989</b>	3a. Date of Last Report <b>04/22/1996</b>
4. FEI Number <b>05-0127741</b>	Applied For <b>65-0226657</b>
6. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes <input checked="" type="checkbox"/> has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**CASTORO, VINCENT  
 580 VILLAGE BLVD.  
 STE. 360  
 WEST PALM BEACH FL 33409**

10. Name and Address of New Registered Agent

81 Name <b>VINCENT J. CASTORO, JR.</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>580 VILLAGE BLVD - SUITE 120</b>
83
84 City <b>WEST PALM BEACH</b>
85 Zip Code <b>FL 33409</b>

11. Pursuant to the provisions of Sections 607.0507 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)* **(VINCENT J. CASTORO, JR.)** DATE **7-24-97**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE <b>VD</b>	<input type="checkbox"/> DELETE
NAME <b>CASTORO, CHRISTOPHER C.</b>	
STREET ADDRESS <b>580 VILLAGE BLVD. STE. 360</b>	
CITY-ST-ZIP <b>WEST PALM BEACH FL 33409</b>	
TITLE <b>PD</b>	<input type="checkbox"/> DELETE
NAME <b>CASTORO, VINCENT JOHN</b>	
STREET ADDRESS <b>580 VILLAGE BLVD. STE. 360</b>	
CITY-ST-ZIP <b>WEST PALM BEACH FL 33409</b>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <b>PRESIDENT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME <b>DON M. Lashbrook</b>	
1.3 STREET ADDRESS <b>580 VILLAGE BLVD - Suite 120</b>	
1.4 CITY-ST-ZIP <b>WEST PALM BEACH, FL. 33409</b>	
2.1 TITLE <b>VICE PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME <b>VINCENT J. CASTORO, JR.</b>	
2.3 STREET ADDRESS <b>580 VILLAGE BLVD. - SUITE 120</b>	
2.4 CITY-ST-ZIP <b>WEST PALM BEACH, FL. 33409</b>	
3.1 TITLE <b>SECRETARY / TREASURER</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME <b>CHRISTOPHER C. CASTORO</b>	
3.3 STREET ADDRESS <b>580 VILLAGE BLVD - SUITE 120</b>	
3.4 CITY-ST-ZIP <b>WEST PALM BEACH, FL. 33409</b>	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 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 *(Signature)* **(Don M. Lashbrook Secretary)** 7/24/97 561-187-1945

CR2E034 (4/97)