


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

FILED  
May 14 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 # P10728 (4)  
1. Corporation Name  
CMO TRUST, INC.



Principal Place of Business: C/O SUNCOAST SAVINGS & LOAN, 4000 HOLLYWOOD BLVD, HOLLYWOOD FL 33021-3733

Mailing Address: C/O SUNCOAST SAVINGS & LOAN, 4000 HOLLYWOOD BLVD, HOLLYWOOD FL 33021-8751

2. Principal Place of Business: % BankUnited, FSB, 255 Alhambra Circle, Coral Gables, FL 33134

2a. Mailing Address: % BankUnited, FSB, 255 Alhambra Circle, Coral Gables, FL 33134

3. Date Incorporated or Qualified: 07/09/1986

3a. Date of Last Report: 05/01/1996

4. FEI Number: 59-2742088

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent: MITCHLER, WENDY M, C/O SUNCOAST SAVINGS & LOAN, 4000 HOLLYWOOD BLVD, HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

81 Name: Nancy Ashton

82 Street Address (P.O. Box Number is Not Acceptable): 255 Alhambra Circle

84 City: Coral Gables, FL 85 Zip Code: 33134

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PDC	<input checked="" type="checkbox"/> DELETE	1.1 TITLE:	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: FINCH, ALBERT J.		1.2 NAME:	James Dougherty
STREET ADDRESS: 4000 HOLLYWOOD BLVD.		1.3 STREET ADDRESS:	255 Alhambra Circle
CITY-ST-ZIP: HOLLYWOOD FL		1.4 CITY-ST-ZIP:	Coral Gables, FL 33134
TITLE: ASD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE:	VS
NAME: BROWDY, RICHARD L		2.2 NAME:	Nancy Ashton
STREET ADDRESS: 4000 HOLLYWOOD BLVD		2.3 STREET ADDRESS:	255 Alhambra Circle
CITY-ST-ZIP: HOLLYWOOD FL		2.4 CITY-ST-ZIP:	Coral Gables, FL 33134
TITLE: S	<input checked="" type="checkbox"/> DELETE	3.1 TITLE:	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: MITCHLER, WENDY M		3.2 NAME:	Samuel Milne
STREET ADDRESS: 4000 HOLLYWOOD BLVD.		3.3 STREET ADDRESS:	255 Alhambra Circle
CITY-ST-ZIP: HOLLYWOOD FL		3.4 CITY-ST-ZIP:	Coral Gables, FL
TITLE:	<input type="checkbox"/> DELETE	4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		4.2 NAME:	
STREET ADDRESS:		4.3 STREET ADDRESS:	
CITY-ST-ZIP:		4.4 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		5.2 NAME:	
STREET ADDRESS:		5.3 STREET ADDRESS:	
CITY-ST-ZIP:		5.4 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		6.2 NAME:	
STREET ADDRESS:		6.3 STREET ADDRESS:	
CITY-ST-ZIP:		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: *Nancy Ashton*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)