

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR -7 AM 4:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P22891** (6)

1. Corporation Name
REPUBLIC MORTGAGE OF CHERRY HILL, INC.

Principal Place of Business	Mailing Address
8916 W EXPRESS ST 5421 Beaumont Ctr Bv 67E-004 Suite 680 TAMPA FL 33607 33634 US	3916 W EXPRESS ST 5421 Beaumont Ctr Bv SUITE 604 Suite 680 TAMPA FL 33607 33634 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 5421 Beaumont Ctr Bv. State, Apt. #, etc 22 680 City & State 23 Tampa, FL Zip 24 33634	25 5421 Beaumont Ctr Bv Suite, Apt. #, etc 27 680 City & State 28 Tampa, FL Zip 29 33634
Country 25 US	Country 30 US

3. Date Incorporated or Qualified 02/07/1989	3b. Date of Last Report 04/11/1994
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4. FEI Number 22-2812735	Applied For Not Applicable
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5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
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8. This corporation has liability for intangible tax under S. 190.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent
**KENNEDY, BRENDA
8017 TIMBERLANE DR.
~~APT 600 delete~~
TAMPA FL 33615**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 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 *Brenda Kennedy* **Brenda Kennedy** 1/12/95

12. OFFICERS AND DIRECTORS

11.1 TITLE	PD
11.2 NAME	MORAN, J. BRIAN
11.3 STREET ADDRESS	1700 GALLOPING HILL DR.
11.4 CITY, ST, ZIP	KENILWORTH NJ
11.5 TITLE	VSD
11.6 NAME	FEHON, JAMES
11.7 STREET ADDRESS	1700 GALLOPING HILL RD.
11.8 CITY, ST, ZIP	KENILWORTH NJ
11.9 TITLE	
11.10 NAME	
11.11 STREET ADDRESS	
11.12 CITY, ST, ZIP	
11.13 TITLE	
11.14 NAME	
11.15 STREET ADDRESS	
11.16 CITY, ST, ZIP	
11.17 TITLE	
11.18 NAME	
11.19 STREET ADDRESS	
11.20 CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 NAME	
12.3 STREET ADDRESS	
12.4 CITY, ST, ZIP	
12.5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.6 NAME	
12.7 STREET ADDRESS	
12.8 CITY, ST, ZIP	
12.9 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.10 NAME	
12.11 STREET ADDRESS	
12.12 CITY, ST, ZIP	
12.13 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.14 NAME	
12.15 STREET ADDRESS	
12.16 CITY, ST, ZIP	
12.17 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.18 NAME	
12.19 STREET ADDRESS	
12.20 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 190.03(1)(b), Florida Statutes. I further certify that the information included 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 in person. That I am available or in direct contact with the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of changes, or on an attachment with an address.

SIGNATURE: *James T. Fehon*
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JAMES T. FEHON, SECRETARY

APRIL 4, 1995 (813) 884-0677