

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
May 13 1996 8:00 am
Secretary of State

DOCUMENT # *P94000001038*
1. Corporation Name
Butler Mortgage, Inc.

Principal Place of Business Mailing Address - *SAME*
601 E. Oak St., Suite C
Kissimmee, FL 34744

21	2. Principal Place of Business	2a	Mailing Address
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
23	City & State	27	City & State
24	Zip	28	Zip
25	Country	29	Country
30		30	

SAME

3.	Date Incorporated or Qualified	3a.	Date of Last Report
	<i>1-4-94</i>		<i>2-13-96</i>
4.	FEI Number	Applied For	Not Applicable
	<i>59-3216905</i>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Certificate of Status Desired		\$8.75 Additional Fee Required
	<input type="checkbox"/>		
6.	Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
	<input type="checkbox"/>		
8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/>	Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
Les Butler
601 E. OAK ST.
SUITE C
KISSIMMEE, FL 34744

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: *Howard Chanin, J.P.*
Signature typed or printed name of registered agent and recipient of statement

5-6-96
DATE

12. OFFICERS AND DIRECTORS

TITLE	<i>President</i>	<input type="checkbox"/> DELETE
NAME	<i>Les Butler</i>	
STREET ADDRESS	<i>1516 Rende Circle</i>	
CITY-ST-ZIP	<i>St. Cloud, FL 34772</i>	
TITLE	<i>Vice President</i>	<input type="checkbox"/> DELETE
NAME	<i>Harry Urban</i>	
STREET ADDRESS	<i>809 California Ave.</i>	
CITY-ST-ZIP	<i>St. Cloud, FL 34769</i>	
TITLE	<i>Secretary/Treasurer</i>	<input type="checkbox"/> DELETE
NAME	<i>Howard Chanin</i>	
STREET ADDRESS	<i>1445 Kingston Way</i>	
CITY-ST-ZIP	<i>Kissimmee, FL 34744</i>	
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

11	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12	NAME	
13	STREET ADDRESS	<i>SAME</i>
14	CITY-ST-ZIP	
21	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22	NAME	
23	STREET ADDRESS	<i>SAME</i>
24	CITY-ST-ZIP	
31	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32	NAME	<i>Vice President/Secretary/Treasurer</i>
33	STREET ADDRESS	<i>} SAME</i>
34	CITY-ST-ZIP	
41	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42	NAME	
43	STREET ADDRESS	
44	CITY-ST-ZIP	
51	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52	NAME	
53	STREET ADDRESS	<i>400001819734</i>
54	CITY-ST-ZIP	<i>-05/14/96--01014--032</i>
61	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62	NAME	<i>***61.25</i>
63	STREET ADDRESS	
64	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 119.07(3)(k), 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: *Howard Chanin*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-6-96
407-931-3800
5-13-96

CR2E034 (12/95)