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PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P94000014630 (5)**

1. Corporation Name
BANKERS MORTGAGE TRUST, INC.

Principal Place of Business	Mailing Address
150 SOUTH PINE ISLAND ROAD SUITE #105 PLANTATION FL 33324 US	150 SOUTH PINE ISLAND ROAD SUITE #105 PLANTATION FL 33324-2665 US

3. Date Incorporated or Qualified: 02/21/1994
3a. Date of Last Report: 04/15/1996

2. Principal Place of Business
21 13790 NW 4th street
Suite, Apt. #, etc.
22 Suite 100
City & State
23 Sunrise FL.
Zip 24 33325 Country 25 Broward

2a. Mailing Address
26 13790 NW 4th Street
Suite, Apt. #, etc.
27 Suite 100
City & State
28 Sunrise FL.
Zip 29 33325 Country 30 Broward

4. FEI Number: 65-0475011 ☐ Applied For ☐ Not Applicable

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

ZAROFF, BRET M
150 SOUTH PINE ISLAND ROAD
SUITE #105
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name ZAROFF, BRETT M
82 Street Address (P.O. Box Number is Not Acceptable) 13790 NW 4th STREET
83 Suite 100
84 City Sunrise FL 85 Zip Code 33325

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 Brett M Zaroff BRETT M ZAROFF PRESIDENT 3/12/97
Signature of person appointed as 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD ZAROFF, BRET A 150 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PVTS DCM BRETT M. ZAROFF 13790 NW 4th STREET suite 100 Sunrise FL. 33325 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CVSD VENEZIA, ANDREW J 150 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 ☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/96)

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: Brett M Zaroff BRETT M ZAROFF PRESIDENT 3/11/97 (954)845-9200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0283216