

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 15 1997 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000032068 (6)**

1. Corporation Name
MORTGAGE PROFESSIONALS, INC.



Principal Place of Business 500 WEST CYPRESS CREEK ROAD SUITE 270 FT. LAUDERDALE FL 33309	Mailing Address 500 WEST CYPRESS CREEK ROAD SUITE 270 FT. LAUDERDALE FL 33309
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 500 WEST CYPRESS ROAD	2a. Mailing Address 26 SAME	3. Date Incorporated or Qualified 04/25/1994	3a. Date of Last Report 03/22/1996
Suite, Apt. #, etc. 22 SUITE 470	Suite, Apt. #, etc. 27 SUITE 470	4. FEI Number 65-0490015	Applied For <input type="checkbox"/> Not Applicable
City & State 23 FORT LAUDERDALE, FL	City & State 28 SAME	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Zip 24 33309	Country 25	Zip 29 SAME	Country 30

9. Name and Address of Current Registered Agent LAYSTROM, C. WILLIAM JR. 1177 SOUTH EAST THIRD AVENUE FORT LAUDERDALE FL 33316		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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PST	<input type="checkbox"/> DELETE	1.1 TITLE SAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CHANEY, STEVE		1.2 NAME SAME	
STREET ADDRESS 500 WEST CYPRESS CREEK ROAD, SUITE 270		1.3 STREET ADDRESS SAME	SUITE 470
CITY-ST-ZIP FORT LAUDERDALE FL 33309		1.4 CITY-ST-ZIP SAME	
TITLE V	<input type="checkbox"/> DELETE	2.1 TITLE SAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BENEDICT, BRIAN		2.2 NAME SAME	
STREET ADDRESS 500 WEST CYPRESS CREEK ROAD, SUITE 270		2.3 STREET ADDRESS SAME	SUITE 470
CITY-ST-ZIP FORT LAUDERDALE FL 33309		2.4 CITY-ST-ZIP SAME	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
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.

CR2E034 (4/97)