


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

**FILED**  
**May 24 1996 8:00am**  
**Secretary of State**

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1996</b>		<b>FLORIDA DEPARTMENT OF STATE</b> Sandra B. Morham Secretary of State <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P95000090776**  
 1. Corporation Name  
**1st InterFinancial Mortgage Corporation**

Principal Place of Business Mailing Address  
**5514 9th Street North**  
**St. Petersburg, FL 33703**  
**Pinellas County**

**600001839066**  
**-05/24/96--01090--015**  
**\*\*\*233.75**

2. Principal Place of Business		2a. Mailing Address	
21		26	<b>5514 9th Street North</b>
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State	28	<b>St. Petersburg, FL</b>
24	Zip	29	<b>33703</b>
	Country	30	<b>Pinellas</b>

3. Date Incorporated or Qualified	3a. Date of Last Report
<b>11-24-95</b>	<b>N/A</b>
4. FEI Number	Applied For
<b>59-3343242</b>	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<b>\$8.75 Additional Fee Required</b>
<input checked="" type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	<b>\$5.00 May Be Added to Fees</b>
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

81	Name	<b>Keith Barbour</b>
82	Street Address (P.O. Box Number is Not Acceptable)	<b>1349 Canterbury Rd. N.</b>
83		
84	City	<b>St. Petersburg FL</b>
	Zip Code	<b>33710</b>

10. Name and Address of New Registered Agent

81	Name	<b>Keith Barbour</b>
82	Street Address (P.O. Box Number is Not Acceptable)	<b>1349 Canterbury Rd. N.</b>
83		
84	City	<b>St. Petersburg FL</b>
	Zip Code	<b>33710</b>

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 *Keith Barbour, Pres* **Keith Barbour / President** **05-22-96**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>P/S Keith Barbour</b>
1.3 STREET ADDRESS	<b>1349 Canterbury Rd., N.</b>
1.4 CITY-ST-ZIP	<b>St. Petersburg, FL 33710</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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: *Keith Barbour* **Keith Barbour** **05-22-96** **813-521-1411**  
Signature and typed or printed name of signing officer or director. Date Daytime Phone

CR2E034 (12/95)