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Mar 31, 1999 8:00 am
Secretary of State

03-31-1999 90021 035 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P97000014703

1. Corporation Name
MORTGAGE AMERICA (IMC), INC.

Principal Place of Business
**305 FIFTH STREET
 SUITE 200
 BAY CITY MI 48708**

Mailing Address
**5901 E. FOWLER AVENUE
 ATTN: CAROLYN ROOGERS
 TAMPA FL 33617-2362**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/14/1997

4. FEI Number
58-2289053

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 owes the current year Intangible Personal Property Tax. Yes No

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

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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. *** Please see attached Annex A for a complete list of Officers & Directors.**

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PCEO	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LAPORTE, THOMAS P		1.2 NAME		
STREET ADDRESS	305 FIFTH STREET, SUITE 200		1.3 STREET ADDRESS		
CITY-ST-ZIP	BAY CITY MI 48708		1.4 CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LAPORTE, JON VIRGIL		2.2 NAME		
STREET ADDRESS	305 FIFTH STREET, SUITE 200		2.3 STREET ADDRESS		
CITY-ST-ZIP	BAY CITY MI 48708		2.4 CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BARTUS, STEPHEN L		3.2 NAME		
STREET ADDRESS	305 FIFTH STREET, SUITE 200		3.3 STREET ADDRESS		
CITY-ST-ZIP	BAY CITY MI 48708		3.4 CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WICHERT, BONNIE LOU		4.2 NAME		
STREET ADDRESS	305 FIFTH STREET, SUITE 200		4.3 STREET ADDRESS		
CITY-ST-ZIP	BAY CITY MI 48708		4.4 CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NICHOLAS, GEORGE		5.2 NAME		
STREET ADDRESS	5901 E. FOWLER AVENUE		5.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33617		5.4 CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MIDDLETON, THOMAS G		6.2 NAME		
STREET ADDRESS	305 FIFTH STREET		6.3 STREET ADDRESS		
CITY-ST-ZIP	BAY CITY MI 48708		6.4 CITY-ST-ZIP		

I 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, with all other like empowered.

SIGNATURE:  **SIGNATURE REQUIRED** **Laurie S. Williams, Vice President, 3/17/99, (813) 984-8801**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)

Annex A

275612-90021-3
P97600014703

Company Officer	Title	Title	Business Address
Mortgage America (IMC), Inc.			
Thomas P. LaPorte	President	Director	305 Fifth Street, Ste. #200 Bay City, MI 48708
Jon V. LaPorte	Vice President		305 Fifth Street, Ste. #200 Bay City, MI 48708
Steve L. Bartus	Vice President		305 Fifth Street, Ste. #200 Bay City, MI 48708
Bonnie L. Wichert	Vice President		305 Fifth Street, Ste. #200 Bay City, MI 48708
George Nicholas	Vice President	Director	5901 East Fowler Ave., Tampa, FL 33617-2362
Thomas G. Middleton	Vice President	Chairman of the Board	5901 East Fowler Ave., Tampa, FL 33617-2362
Stuart D. Marvin	Treasurer	Director	5901 East Fowler Ave., Tampa, FL 33617-2362
Laurie S. Williams	Vice President	Secretary	5901 East Fowler Ave., Tampa, FL 33617-2362
Susan W. McCarthy	Vice President		1301 Virginia Drive, Suite 110, Ft. Washington, PA 19034
Keith Cannon Marvel	Loan Officer		4259 W. Swamp Road, Suite 101, Doylestown, PA 18901