

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 27 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # V13123

(7)

1. Corporation Name
AMERIPRIDE MORTGAGE, INC.



Principal Place of Business
3300 UNIVERSITY DR.
STE 001
CORAL SPRINGS FL 33065

Mailing Address
3300 UNIVERSITY DR.
STE 001
CORAL SPRINGS FL 33065-6300

3. Date Incorporated or Qualified 02/10/1992
3a. Date of Last Report 04/16/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number 65-0346391
Applied For Not Applicable

21 Suite Apt #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired \$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

23 Zip

25 Country

29 Zip

30 Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

POLIN, ALAN J., P.A.
1999 UNIVERSITY DR
STE 202
CORAL SPRINGS FL 33071

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 _____ DATE _____
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FALCONE, ARTHUR	1.2 NAME	FALCONE, ARTHUR
STREET ADDRESS	7522 WILES RD #203	1.3 STREET ADDRESS	3300 University Drive
CITY-ST-ZIP	CORAL SPRINGS FL	1.4 CITY-ST-ZIP	C.S. FL 33065
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUCCI, PHILIP	2.2 NAME	CUCCI, PHILIP
STREET ADDRESS	7522 WILES RD #203	2.3 STREET ADDRESS	3300 University Drive
CITY-ST-ZIP	CORAL SPRINGS FL	2.4 CITY-ST-ZIP	C.S. FL 33065
TITLE	V. President <input type="checkbox"/> DELETE	3.1 TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CORA D.	3.2 NAME	CORA DiFiorie
STREET ADDRESS		3.3 STREET ADDRESS	3300 University Drive
CITY-ST-ZIP		3.4 CITY-ST-ZIP	C.S. FL 33065
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Neil Eisner
STREET ADDRESS		4.3 STREET ADDRESS	3300 University Drive
CITY-ST-ZIP		4.4 CITY-ST-ZIP	C.S. FL 33065
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, changed, or on an attachment with an address.

SIGNATURE: _____ DATE _____ DAYTIME PHONE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)