

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

FILED

Mar 17 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 # **G82653** (8)  
1. Corporation Name  
**CHURCHILL MORTGAGE CORPORATION**



Principal Place of Business <b>1394 NORTH UNIVERSITY DR PLANTATION FL 33322 US</b>	Mailing Address <b>1394 NORTH UNIVERSITY DR PLANTATION FL 33322-4734 US</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 <b>6196 N.W. 11th St., Ste. F</b> City & State 23 <b>Ft. Lauderdale, FL 33313</b> Zip Country 24 <b>33313</b> 25		2a. Mailing Address 26 Suite, Apt. #, etc. 27 <b>6196 N.W. 11th St., Ste. F</b> City & State 28 <b>Ft. Lauderdale, FL 33313</b> Zip Country 29 <b>33313</b> 30		3. Date Incorporated or Qualified <b>01/31/1984</b>	3a. Date of Last Report <b>03/12/1996</b>
		4. FEI Number <b>59-2441150</b>		Applied For Not Applicable	
		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	
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>LODISH, ALVIN D, ESQ ONE BISCAYNE TOWER 25 BISCAYNE BLVD., #2400 MIAMI FL 33131</b>				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) <b>200 S. Biscayne Blvd.</b> 83 Suite 2500 84 City <b>Miami, FL</b> 85 Zip Code <b>FL 33131</b>	
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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

Signature, typed or printed name of 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	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LURER, ROBERT, H</b>	1.2 NAME	
STREET ADDRESS	<b>1394 NORTH UNIVERSITY DRIVE</b>	1.3 STREET ADDRESS	<b>6196 N.W. 11th Street., Suite F</b>
CITY- ST- ZIP	<b>PLANTATION FL 33322</b>	1.4 CITY- ST- ZIP	<b>Fort Lauderdale, FL 33313</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY- ST- ZIP		2.4 CITY- ST- ZIP	
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0282268

CR2E034 (9/96)