

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

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**Apr 01 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 173692 (5)
1. Corporation Name
METROPOLITAN MORTGAGE CO.



Principal Place of Business 4700 BISCAYNE BLVD. MIAMI FL 33137	Mailing Address 4700 BISCAYNE BLVD. MIAMI FL 33137
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/20/1953	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number 59-0798758	Applied For Not Applicable
23 Zip	25 Country	29 Zip	30 Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
SPIELER, STANLEY H 4700 BISCAYNE BLVD. S200 MIAMI FL 33137				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	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 reinstating)		DATE	
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12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	1.1 TITLE	Exec VP/D
NAME	RICHARD, JUDITH	1.2 NAME	
STREET ADDRESS	4700 BISCAYNE BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	TD	2.1 TITLE	
NAME	FALK, RUTH	2.2 NAME	
STREET ADDRESS	4700 BISCAYNE BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	P	3.1 TITLE	D
NAME	FALK, JOSEPH	3.2 NAME	
STREET ADDRESS	4700 BISCAYNE BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	Exec VP/D
NAME		4.2 NAME	FOLTZ, Stephen H.
STREET ADDRESS		4.3 STREET ADDRESS	4700 Biscayne Blvd.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Miami, FL 33137
TITLE		5.1 TITLE	VP/S/D
NAME		5.2 NAME	MURPHY, James J.
STREET ADDRESS		5.3 STREET ADDRESS	4700 Biscayne Blvd.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Miami, FL 33137
TITLE		6.1 TITLE	D
NAME		6.2 NAME	BARBER, R. Scott
STREET ADDRESS		6.3 STREET ADDRESS	4700 Biscayne Blvd.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Miami, FL 33137

14. 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.

SIGNATURE:  **President 3/27/98 305-573-8800**

CF2E034 (10/97)