

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 216914 (2) 1. Corporation Name

FORT LAUDERDALE MORTGAGE, INC.



Principal Place of Business 820 S STATE ROAD 7 PLANTATION FL 33317 Mailing Address 820 S STATE ROAD 7 PLANTATION FL 33317

3. Date Incorporated or Qualified 11/05/1958 3a. Date of Last Report 01/19/1995 4. FEI Number 59-0865223 Applied For Not Applicable 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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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

9. Name and Address of Current Registered Agent

STEVENS, KENNETH G 412 NE 4TH STREET FT LAUDERDALE, FL 33301

10. Name and Address of New Registered Agent

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: [Signature] (NOTE: Registered Agent signature required when remaining) DATE:

12. OFFICERS AND DIRECTORS

Table with 6 rows for officers and directors. Columns: TITLE, NAME, STREET ADDRESS, CITY-STATE-ZIP. Includes entry for PD ROSEN, ARTHUR P.

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Table with 6 rows for additions/changes. Columns: TITLE, NAME, STREET ADDRESS, CITY-STATE-ZIP. Includes checkboxes for Change and Addition.

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 both, attachments with an address.

SIGNATURE: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 20 1998 954/583-5842 Date Daytime Phone #

CR2E034 (12/95)