

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED

Sep 23 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 # 408187 (3)
1. Corporation Name
CHASE HOME MORTGAGE CORPORATION OF THE SOUTHEAST



Principal Place of Business
4915 INDEPENDENCE PARKWAY
TAMPA FL 33634-4540

Mailing Address
4915 INDEPENDENCE PARKWAY
TAMPA FL 33634
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		09/05/1972		01/30/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		59-1413442		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		Zip		Country	
24		25		29		30	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

JACOBS, ROBERT J.
4915 INDEPENDENCE PARKWAY
TAMPA FL 33634

10. Name and Address of New Registered Agent

81 Name	CT Corporation System		
82 Street Address (P.O. Box Number is Not Acceptable)	1200 South Pine Island Road		
83			
84 City	Plantation	FL	85 Zip Code 33324

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: *Theresa Taylor, Asst. Secy.* Theresa Taylor, Asst. Secy. 9/17/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PDC	<input checked="" type="checkbox"/> DELETE	1.1 TITLE D/T	D/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	KOONS, FRED B.		1.2 NAME	Glenn Mouridy			
STREET ADDRESS	4915 INDEPENDENCE PKWY.		1.3 STREET ADDRESS	343 Thornall Street			
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP	Edison, NJ 08837			
TITLE	VS	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	JACOBS, ROBERT J		2.2 NAME	Marguerite Sheehan			
STREET ADDRESS	4915 INDEPENDENCE PKWY.		2.3 STREET ADDRESS	343 Thornall Street			
CITY-ST-ZIP	TAMPA FL		2.4 CITY-ST-ZIP	Edison, NJ 08837			
TITLE	VT	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	MARZOL, ADOLFO F		3.2 NAME	William C. Mollhagen			
STREET ADDRESS	4915 INDEPENDENCE PKWY		3.3 STREET ADDRESS	343 Thornall Street			
CITY-ST-ZIP	TAMPA FL		3.4 CITY-ST-ZIP	Edison, NJ 08837			
TITLE	V	<input type="checkbox"/> DELETE	4.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	COOPER, SAMUEL H.		4.2 NAME				
STREET ADDRESS	300 TICE BLVD 3RD FL N		4.3 STREET ADDRESS				
CITY-ST-ZIP	WOODCLIFF LAKE NJ		4.4 CITY-ST-ZIP				
TITLE	PDC	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	MIRRO, RICHARD A.		5.2 NAME	Susan Craufurd			
STREET ADDRESS	4915 INDEPENDENCE PARKWAY		5.3 STREET ADDRESS	4915 Independence Parkway			
CITY-ST-ZIP	TAMPA FL		5.4 CITY-ST-ZIP	Tampa, FL 33634			
TITLE	V	<input type="checkbox"/> DELETE	6.1 TITLE	EVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HALL, DEANE W.		6.2 NAME				
STREET ADDRESS	4915 INDEPENDENCE PKWY		6.3 STREET ADDRESS	6900 Southpoint Drive North			
CITY-ST-ZIP	TAMPA FL		6.4 CITY-ST-ZIP	Jacksonville, FL 32216			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Theresa Taylor, Asst. Secy.* Theresa Taylor, Asst. Secy. 8/25/97 (908) 205-0600

CR2E034 (4/97)