


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

FILED
Apr 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/05/1972	
21 Suite, Apt. #, etc.	26 343 Thornall Street	4. FEI Number 59-1413442		Applied For <input type="checkbox"/> Not Applicable	
22 City & State	27 c/o Legal Department	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Edison, NJ	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 08837	30 Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION FL 33324**

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, 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	DT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOURIDY, GLENN	1.2 NAME	
STREET ADDRESS	343 THORNALL ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	EDISON NJ	1.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEEHAN, MARGUERITE	2.2 NAME	
STREET ADDRESS	343 THORNALL ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	EDISON NJ	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOLLHAGEN, WILLIAM C	3.2 NAME	
STREET ADDRESS	343 THORNALL ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	EDISON NJ	3.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	<input 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	VP <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRAUFORD, SUSAN	5.2 NAME	
STREET ADDRESS	4915 INDEPENDENCE PKWY	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	
TITLE	EVP <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALL, DEANE W.	6.2 NAME	
STREET ADDRESS	6900 SOUTHPOINT DR N	6.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	6.4 CITY-ST-ZIP	

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: *Marguerite Sheehan*
Marguerite Sheehan, Secretary

4/8/98

(732) 205-0600

CR2E034 (10/97)