

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JAN 18 AM 9:04

DOCUMENT # 443920 (4)

1. Corporation Name

BARNUM MORTGAGE CORPORATION, INC.

Principal Place of Business

Mailing Address

1820 N E 163RD STREET
PO BOX 600429
NORTH MIAMI BEACH FL 33160

1820 N E 163RD STREET
PO BOX 600429
NORTH MIAMI BEACH FL 33160

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated or Qualified 01/10/1974	3a. Date of Last Report 01/21/1994
4. FEI Number 59-1502520	Applies For Not Applicable
5. Certificate of Change Number []	\$8.75 Additional Fee Required
6. Election Campaign Finance and Trust Fund Contributions []	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under § 199.03, Florida Statutes. [] Yes [] No	

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ZEDECK (LEONARD E)
1820 N.E. 163RD STREET
N MIAMI BCH FL**

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL
83. City	

11. Pursuant to the provisions of Sections 607.0602 and 607.1508, Florida Statutes, this 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 607.0602, Florida Statutes.

SIGNATURE

(Signature) Type or print name of registered agent and FEI number.

(Signature) Type or print name of registered agent and FEI number.

12. OFFICERS AND DIRECTORS		13. AUTHORIZED SIGNERS	
TITLE	D	TITLE	
NAME	KATZ, J	1. NAME	
STREET ADDRESS	1820 N.E. 163RD STREET	1. STREET ADDRESS	
CITY, ST, ZIP	N MIAMI BCH FL	1. CITY, ST, ZIP	
TITLE	PD	2. NAME	
NAME	ZEDECK, L	2. STREET ADDRESS	
STREET ADDRESS	1820 N.E. 163RD STREET	2. CITY, ST, ZIP	
CITY, ST, ZIP	N MIAMI BCH FL	3. NAME	
TITLE	T	3. STREET ADDRESS	
NAME	ZEDECK, LEONARD E	3. CITY, ST, ZIP	
STREET ADDRESS	1820 N.E. 163RD STREET	4. NAME	
CITY, ST, ZIP	N MIAMI BCH FL	4. STREET ADDRESS	
TITLE		4. CITY, ST, ZIP	
NAME		5. NAME	
STREET ADDRESS		5. STREET ADDRESS	
CITY, ST, ZIP		5. CITY, ST, ZIP	
TITLE		6. NAME	
NAME		6. STREET ADDRESS	
STREET ADDRESS		6. CITY, ST, ZIP	
CITY, ST, ZIP		7. NAME	
TITLE		7. STREET ADDRESS	
NAME		7. CITY, ST, ZIP	
STREET ADDRESS		8. NAME	
CITY, ST, ZIP		8. STREET ADDRESS	
TITLE		8. CITY, ST, ZIP	
NAME		9. NAME	
STREET ADDRESS		9. STREET ADDRESS	
CITY, ST, ZIP		9. CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.03, Florida Statutes. I further certify that the information indicated on this 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 person or persons empowered to make this report as required by a higher law. Florida Statutes, and that my name appears in Block 12 or Block 13 of changes or on an officer list with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LEONARD E. ZEDECK, President

Jan. 12, 1995 (305) 944-8688