


FILE NOW: FILING FEE IS \$61.25

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Feb 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 701167 (9)
1. Corporation Name
FLORIDA ASSOCIATION OF MORTGAGE BROKERS, INC.



Principal Place of Business Mailing Address
1274 PAUL RUSSELL RD.
1282-84 PAUL RUSSELL RD
TALLAHASSEE FL 32301
US
PO BOX 6477
TALLAHASSEE FL 32314-6477

3. Date Incorporated or Qualified 07/07/1960
3a. Date of Last Report 01/31/1996

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

4. FEI Number 23-7306295
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

9. Name and Address of Current Registered Agent
LORENE BRIDGES
1282 PAUL RUSSELL ROAD
TALLAHASSEE FL 32301

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD WILLIAM K. BOLT	1.1 TITLE	PPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2110 CLEVELAND AVE.	1.2 NAME	
STREET ADDRESS	FT. MYERS FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	PEB MICHAEL DAVENPORT	2.1 TITLE	PD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	111 2ND AVE. NE, STE. 705	2.2 NAME	
STREET ADDRESS	ST. PETERSBURG FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	VPD MICHAEL BRADY	3.1 TITLE	PEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1265 WHITFIELD AVE.	3.2 NAME	
STREET ADDRESS	SARASOTA FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	PPD FALK, JOSEPH <input checked="" type="checkbox"/> DELETE	4.1 TITLE	FD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	4700 BISCAYNE BLVD.	4.2 NAME	Frank Cicione
STREET ADDRESS	MIAMI FL	4.3 STREET ADDRESS	715 NW 101 TERR
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Coral Springs F
TITLE	ED BRIDGES, LORENE	5.1 TITLE	
NAME	1282 PAUL RUSSELL RD	5.2 NAME	
STREET ADDRESS	TALLAHASSEE FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	SD HANLEY, SUSAN	6.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8160 BAYMEADOWS WAY WEST #130	6.2 NAME	
STREET ADDRESS	JACKSONVILLE FL	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Lorene M. Bridges Lorene M. Bridges 1/4/97 904-942-6431

CR2E037 (9/96)