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Feb 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # 727253 (7)
1. Corporation Name
NATIONAL ASSOCIATION OF MORTGAGE BROKERS, INC.



Principal Place of Business: 8201 GREENSBORO DR. SUITE 300 MCLEAN VA 22102 US
Mailing Address: 8201 GREENSBORO DR. SUITE 300 MCLEAN VA 22102 US

3. Date Incorporated or Qualified: 08/23/1973
4. FEI Number: 59-1673989
Applied For: Not Applicable

2. Principal Place of Business (21-24) and Mailing Address (2a-26) details including City, State, Zip, and Country.

5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent: CT CORPORATION SYSTEM C/O CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324

10. Name and Address of New Registered Agent (81-85) details including Name, Street Address, City, and 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

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	THOMAS W. BECKER	
STREET ADDRESS	260 E. SAGINAW	
CITY-ST-ZIP	LANSING MI	
TITLE	PED	<input type="checkbox"/> DELETE
NAME	JANICE HIX CMC	
STREET ADDRESS	6000 LAKEFORREST DR., #435	
CITY-ST-ZIP	ATLANTA GA	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	TUCK MARSHALL	
STREET ADDRESS	7601 W. 191 ST., 2ND FLOOR WEST	
CITY-ST-ZIP	TINLEY PARK IL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MICHELL P. HINDMAN	
STREET ADDRESS	5599 SAN FELIPE ST., #1208	
CITY-ST-ZIP	HOUSTON TX	
TITLE	T	<input type="checkbox"/> DELETE
NAME	GAFFNEY, R E JR	
STREET ADDRESS	4350 E CAMELBACK, #100C	
CITY-ST-ZIP	PHOENIX AZ 85018	
TITLE	EVPD	<input type="checkbox"/> DELETE
NAME	BRIAN J. KINSELLA	
STREET ADDRESS	8201 GREENSBORO DR., #300	
CITY-ST-ZIP	MCLEAN VA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DONALD ROMANO	
1.3 STREET ADDRESS	ONE HOLLOW LANE, #104	
1.4 CITY-ST-ZIP	LAKE SUCCESS, NY 11042-1215	
2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JANICE HIX, CMC	
2.3 STREET ADDRESS	6000 LAKE FORREST DR, #435	
2.4 CITY-ST-ZIP	ATLANTA GA 30328	
3.1 TITLE	PED	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	TUCK MARSHALL	
3.3 STREET ADDRESS	7601 W. 191 ST., 2ND FLOOR WEST	
3.4 CITY-ST-ZIP	TINLEY PARK, IL 60477	
4.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	MICHAEL P. HINDMAN	
4.3 STREET ADDRESS	1775 ST. JAMES, #175	
4.4 CITY-ST-ZIP	HOUSTON, TX 77056	
5.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	R. E. GAFFNEY, JR.	
5.3 STREET ADDRESS	2304 E. JAEGER ST.	
5.4 CITY-ST-ZIP	PHOENIX AZ 85213	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____

CR2E037 (10/97)