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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 742094 (6)

1. Corporation Name

THE HOUSING FINANCE CORPORATION OF FORT LAUDERDALE, FLORIDA, INC.



Principal Place of Business

Mailing Address

820 PROVIDENCE RD.
TOWSON MD 21286

THE RUBINO GROUP
820 PROVIDENCE DR
TOWSON MD 21286-2975
US

3. Date Incorporated or Qualified
03/28/1978

3a. Date of Last Report
04/10/1996

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip

25 Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number

52-1553621

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

10. Name and Address of New Registered Agent

BECKER & POLIAKOFF, P.A.
EMERALD LAKE CORPORATE PARK
3111 STIRLING ROAD
FT. LAUDERDALE FL 33310

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

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 PD
NAME RUBINO, ANTHONY P.
STREET ADDRESS 920 PROVIDENCE ROAD
CITY-ST-ZIP TOWSON MD

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VPD
NAME RUBINO, LOIS E.
STREET ADDRESS 920 PROVIDENCE ROAD
CITY-ST-ZIP TOWSON MD

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE TD
NAME RUBINO, ANTHONY P.
STREET ADDRESS 920 PROVIDENCE ROAD
CITY-ST-ZIP TOWSON MD

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE SD
NAME RUBINO, ROBERT M.
STREET ADDRESS 920 PROVIDENCE ROAD
CITY-ST-ZIP TOWSON MD

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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: ANTHONY P. RUBINO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/97

(410) 921-5858

Date

Daytime Phone # 0075345

CR2E037 (9/96)