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FILED
Jan 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 742094 (6)

1. Corporation Name
THE HOUSING FINANCE CORPORATION OF FORT LAUDERDALE, FLORIDA, INC.



Principal Place of Business 920 PROVIDENCE RD. TOWSON MD 21286	Mailing Address THE RUBINO GROUP 920 PROVIDENCE DR TOWSON MD 21286 US
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3. Date incorporated or Qualified 03/28/1978
4. FEI Number 52-1553621
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 2 WATERWAY COURT	2a. Mailing Address 26 2 WATERWAY COURT
Suite, Apt. #, etc. 22 3C	Suite, Apt. #, etc. 27 3C
City & State 23 TOWSON, MD	City & State 28 TOWSON, MD
Zip 24 21286	Country 25 U.S.
Zip 29 21286	Country 30 U.S.

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fees Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
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 BECKER & POLIAKOFF, P.A. EMERALD LAKE CORPORATE PARK 3111 STIRLING ROAD FT. LAUDERDALE FL 33310	
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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	
TITLE	PD <input type="checkbox"/> DELETE
NAME	RUBINO, ANTHONY P.
STREET ADDRESS	920 PROVIDENCE ROAD
CITY-ST-ZIP	TOWSON MD
TITLE	VPD <input type="checkbox"/> DELETE
NAME	RUBINO, LOIS E.
STREET ADDRESS	920 PROVIDENCE ROAD
CITY-ST-ZIP	TOWSON MD
TITLE	TD <input type="checkbox"/> DELETE
NAME	RUBINO, ANTHONY P.
STREET ADDRESS	920 PROVIDENCE ROAD
CITY-ST-ZIP	TOWSON MD
TITLE	SD <input type="checkbox"/> DELETE
NAME	RUBINO, ROBERT M.
STREET ADDRESS	920 PROVIDENCE ROAD
CITY-ST-ZIP	TOWSON MD
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	RUBINO, ANTHONY P.
1.3 STREET ADDRESS	2 WATERWAY COURT APT 3C
1.4 CITY-ST-ZIP	TOWSON, MD 21286
2.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	RUBINO, LOIS E.
2.3 STREET ADDRESS	2 WATERWAY COURT APT 3A
2.4 CITY-ST-ZIP	TOWSON, MD 21286
3.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	RUBINO, ANTHONY P.
3.3 STREET ADDRESS	2 WATERWAY COURT APT 3C
3.4 CITY-ST-ZIP	TOWSON, MD 21286
4.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	RUBINO, ROBERT M.
4.3 STREET ADDRESS	2 WATERWAY COURT APT 3C
4.4 CITY-ST-ZIP	TOWSON, MD 21286
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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)(f), 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** **1/16/98** #10 321 5858

CR2E037 (10/97)