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Jan 29, 1999 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

01-29-1999 90039 007 *****61.25

DOCUMENT # 742094

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

Principal Place of Business
**2 WATERWAY CT
 3C
 TOWSON MD 21286
 US**

Mailing Address
**2 WATERWAY CT
 3C
 TOWSON MD 21286
 US**



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	03/28/1978
22 City & State	27 City & State	4. FEI Number
23 Zip Country	28 Zip Country	52-1553621
24	29	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
	30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent
**BECKER & POLIAKOFF, P.A.
 EMERALD LAKE CORPORATE PARK
 3111 STIRLING ROAD
 FT. LAUDERDALE FL 33310**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	RUBINO, ANTHONY P.	
STREET ADDRESS	2 WATERWAY CT APT 3C	
CITY-ST-ZIP	TOWSON MD 21286	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	RUBINO, LOIS E.	
STREET ADDRESS	2 WATERWAY CT APT 3C	
CITY-ST-ZIP	TOWSON MD 21286	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	RUBINO, ANTHONY P.	
STREET ADDRESS	2 WATERWAY CT APT 3C	
CITY-ST-ZIP	TOWSON MD 21286	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	RUBINO, ROBERT M.	
STREET ADDRESS	2 WATERWAY CT APT 3C	
CITY-ST-ZIP	TOWSON MD 21286	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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)(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, with all other like empowered.

SIGNATURE: _____ **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/99 Date 410 341-5858 Daytime Phone #

CR2E037 (1/98)