

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**May 09 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # 856772 (9)
1. Corporation Name
FIRST COMMERCIAL MORTGAGE CORPORATION



Principal Place of Business: **2331 ROUTE 34
WALL TOWNSHIP NJ 08720**
Mailing Address: **2331 ROUTE 34
WALL TOWNSHIP NJ 08720**

3. Date Incorporated or Qualified: **06/15/1983**
3a. Date of Last Report: **06/10/1996**
4. FEI Number: **22-2090001**
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

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

9. Name and Address of Current Registered Agent: **HELFMAN, GARY S
321 ROYAL POINCIANA PLZ SOUTH
PALM BCH FL 33480-7431**
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 607.0502 and 607.1508, 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 607.0505, 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	NAME	1.1 TITLE	1.2 NAME
<input type="checkbox"/> DELETE	PD SCHRAMA, ALFRED L. 100 LAKESHORE DR. N. PALM BEACH FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE	S SCHRAMA, ROBERT C. 12 SEA POINT DR. POINT PLEASANT NJ	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	S Schrama, Robert C. 650 Princeton Avenue Bricktown, NJ 08723
<input type="checkbox"/> DELETE	T SCHRAMA, DONALD E. 10 WOODBINE RD FLORHAM PARK NJ	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	T Schrama, Donald E. 12 Sea Point Drive Pt. Pleasant, NJ 08742
<input type="checkbox"/> DELETE	D FORGOSH, PETER A. 15 QUAKER R. SHORT HILLS NJ	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	D Forgosh, Peter A. 200 Campus Drive Florham Park, NJ 07932-0950
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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

SIGNATURE: _____ DATE: 4/28/97

CFR2E034 (9/96)