

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

FILED
May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F48392** (7)

1. Corporation Name
MORTGAGE CORPORATION OF THE SOUTHEAST



Principal Place of Business C/O NIKKI J. NEDBOR 1221 BRICKELL AVENUE, SUITE 700 MIAMI, FL 33134	Mailing Address C/O NIKKI J. NEDBOR 1221 BRICKELL AVENUE, SUITE 700 MIAMI, FL 33134
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2. Principal Place of Business 21 550 Biltmore Way Suite, Apt. #, etc. 22 Suite 700 City & State 23 Coral Gables, FL Zip 24 33134	2a. Mailing Address 26 550 Biltmore Way Suite, Apt. #, etc. 27 Suite 700 City & State 28 Coral Gables, FL Zip 29 33134 Country 30 Dade
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3. Date Incorporated or Qualified 09/25/1981	3a. Date of Last Report 05/01/1996
4. FEI Number 59-2318286	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent NEDBOR, NIKKI J. 1221 BRICKELL AVENUE SUITE 700 MIAMI, FL 33134	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	550 Biltmore Way
83	Suite 700
84 City	Coral Gables
85 Zip Code	FL 33134

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)

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	PD CAMNER, ALFRED R.
STREET ADDRESS	1221 BRICKELL AVE #2500
CITY-ST-ZIP	MIAMI FL 33134
TITLE	<input type="checkbox"/> DELETE
NAME	VST FORD, EARLINE G.
STREET ADDRESS	1221 BRICKELL AVE #2500
CITY-ST-ZIP	MIAMI FL 33134
TITLE	<input type="checkbox"/> DELETE
NAME	DC STUZIN, CHARLES B.
STREET ADDRESS	1221 BRICKELL AVE #2500
CITY-ST-ZIP	MIAMI FL 33134
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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	550 Biltmore Way, Suite 700
1.4 CITY-ST-ZIP	Coral Gables, FL 33134
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	550 Biltmore Way, Suite 700
2.4 CITY-ST-ZIP	Coral Gables, FL 33134
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	550 Biltmore Way, Suite 700
3.4 CITY-ST-ZIP	Coral Gables, FL 33134
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 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: **E. J. [Signature]** (305) 442-4994

CR2E034 (9/96)