

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

FILED

Jan 27 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 # F93000004733 (2)

1. Corporation Name
MORTGAGE PROPERTIES CORP.

Principal Place of Business
55 E. 52ND ST.
NEW YORK NY 10055

Mailing Address
55 E. 52ND ST.
NEW YORK NY 10055-0002



3. Date Incorporated or Qualified 10/20/1993
3a. Date of Last Report 10/18/1996

2. Principal Place of Business 21 Eleven Madison Avenue Suite Apt. #, etc. 22 City & State 23 New York, NY Zip 24 10010-3629 Country 25 U.S.A.		2a. Mailing Address 26 Eleven Madison Avenue Suite Apt. #, etc. 27 Tax Department City & State 28 New York, NY Zip 29 10010-3629 Country 30 U.S.A.		4. FEI Number 13-3611222 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
THE PRENTICE-HALL CORPORATION SYSTEM, INC.
FIRST FLORIDA BANK BLDG
STE 420
TALLAHASSEE FL 32301

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	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STONE, ANDREW D	1.2 NAME	
STREET ADDRESS	55 EAST 52 STREET	1.3 STREET ADDRESS	Eleven Madison Avenue
CITY-ST-ZIP	NEW YORK NY 10055	1.4 CITY-ST-ZIP	New York, NY 10010-3629
TITLE	DVP	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PITOFKY, WILLIAM S	2.2 NAME	
STREET ADDRESS	55 EAST 52 STREET	2.3 STREET ADDRESS	Eleven Madison Avenue
CITY-ST-ZIP	NEW YORK NY 10055	2.4 CITY-ST-ZIP	New York, NY 10010-3629
TITLE	VP	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	APPEL, RUSSELL	3.2 NAME	
STREET ADDRESS	55 EAST 52 STREET	3.3 STREET ADDRESS	Eleven Madison Avenue
CITY-ST-ZIP	NEW YORK NY 10055	3.4 CITY-ST-ZIP	New York, NY 10010-3629
TITLE	VP	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARNOLD, THOMAS R	4.2 NAME	
STREET ADDRESS	55 EAST 52 STREET	4.3 STREET ADDRESS	Eleven Madison Avenue
CITY-ST-ZIP	NEW YORK NY 10055	4.4 CITY-ST-ZIP	New York, NY 10010-3629
TITLE	VP	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOND, TREVOR	5.2 NAME	
STREET ADDRESS	55 EAST 52 STREET	5.3 STREET ADDRESS	Eleven Madison Avenue
CITY-ST-ZIP	NEW YORK NY 10055	5.4 CITY-ST-ZIP	New York, NY 10010-3629
TITLE	S	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSO, LORI	6.2 NAME	
STREET ADDRESS	55 EAST 52 STREET	6.3 STREET ADDRESS	Eleven Madison Avenue
CITY-ST-ZIP	NEW YORK NY 10055	6.4 CITY-ST-ZIP	New York, NY 10010-3629

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: *Lori Russo* 1/13/97 325-2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)

**CREDIT
SUISSE** | **FIRST
BOSTON**

CREDIT SUISSE FIRST BOSTON CORPORATION

5 World Trade Center
New York, NY 10048-0928

Telephone 212 325 2000

CERTIFIED MAIL

January 16, 1997

Annual Reports Filings
Division of Corporations
Post Office Box 1500
Tallahassee, Florida 32302-1500

Taxpayer: MORTGAGE PROPERTIES CORP.
E.I. Number: 13-3611222
Return/Tax Year: 1997 Profit Corporation Annual Report
Form: as above
Date Due: April 30, 1997
Payment Due: \$165.00

Dear Sir/Madam:

Enclosed is the above captioned tax form along with a check made payable to Department of State.

Please acknowledge receipt of the above by signing and returning the copy of this letter in the enclosed, self-addressed envelope.

Very Truly Yours,



Mary Ellen LaMond
Vice President

Enc.