

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT <b>1996</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F94000004865 (1)**  
 1. Corporation Name  
**EQUITY ONE MORTGAGE, INC.**



Principal Place of Business <b>523 FELLOWSHIP ROAD SUITE 220 MT. LAUREL NJ 08054</b>	Mailing Address <b>523 FELLOWSHIP ROAD SUITE 220 MT. LAUREL NJ 08054</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>09/20/1994</b>	3a. Date of Last Report <b>05/01/1995</b>
21	22	23	24	4. FEI Number <b>22-3316998</b>	Applied For Not Applicable
Suite, Apt. #, etc		Suite, Apt. #, etc		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
25	26	27	28	29	30

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

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 \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable. (If 31F Registered Agent signature required when filing) (Initial)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FITZPATRICK, THOMAS J</b>	12 NAME	
STREET ADDRESS	<b>523 FELLOWSHIP RD SUITE 220</b>	13 STREET ADDRESS	
CITY-ST-ZIP	<b>FT. LAUREL NJ 08054</b>	14 CITY-ST-ZIP	<b>Mt. Laurel, N.J. 08054</b>
TITLE	<b>V</b>	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARTELLA, JOHN N</b>	22 NAME	
STREET ADDRESS	<b>523 FELLOWSHIP RD SUITE 220</b>	23 STREET ADDRESS	
CITY-ST-ZIP	<b>FT. LAUREL NJ 08054</b>	24 CITY-ST-ZIP	<b>Mt. Laurel, N.J. 08054</b>
TITLE	<b>V</b>	31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MATTEUCCI, RAY J</b>	32 NAME	
STREET ADDRESS	<b>523 FELLOWSHIP RD SUITE 220</b>	33 STREET ADDRESS	
CITY-ST-ZIP	<b>FT. LAUREL NJ 08054</b>	34 CITY-ST-ZIP	<b>Mt. Laurel, N.J. 08054</b>
TITLE	<b>VD</b>	41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KILDEA, DENNIS</b>	42 NAME	
STREET ADDRESS	<b>523 FELLOWSHIP RD SUITE 220</b>	43 STREET ADDRESS	
CITY-ST-ZIP	<b>FT. LAUREL NJ 08054</b>	44 CITY-ST-ZIP	<b>Mt. Laurel, N.J. 08054</b>
TITLE	<b>D</b>	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CARRION, RICHARD</b>	52 NAME	
STREET ADDRESS	<b>209 MUNOZ RIVERIA AVE.</b>	53 STREET ADDRESS	
CITY-ST-ZIP	<b>HALTO REY PR 00919</b>	54 CITY-ST-ZIP	
TITLE	<b>D</b>	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CHAFEY, DAVID H JR.</b>	62 NAME	
STREET ADDRESS	<b>209 MUNOZ RIVERIA AVE.</b>	63 STREET ADDRESS	
CITY-ST-ZIP	<b>HALTO REY PR 00919</b>	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:** \_\_\_\_\_ (609) 273-1119  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Dennis Kildea, Vice President-Finance & Director**  
Date: \_\_\_\_\_ Day: \_\_\_\_\_

CR2E034 (3/96)