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Feb 23, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000004865

1. Corporation Name
EQUITY ONE MORTGAGE, INC.



Principal Place of Business 523 FELLOWSHIP ROAD SUITE 220 MT. LAUREL NJ 08054	Mailing Address 523 FELLOWSHIP ROAD SUITE 220 MT. LAUREL NJ 08054
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/20/1994	
21	22	26	27	4. FEI Number 22-3316998	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23	24	28	29	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip	Country	Zip	Country		

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

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

FL

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 _____ 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	FITZPATRICK, THOMAS J	
STREET ADDRESS	523 FELLOWSHIP RD SUITE 220	
CITY-ST-ZIP	MT LAUREL NJ	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MARTELLA, JOHN N	
STREET ADDRESS	523 FELLOWSHIP RD SUITE 220	
CITY-ST-ZIP	MT LAUREL NJ	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MATTEUCCI, RAY J	
STREET ADDRESS	523 FELLOWSHIP RD SUITE 220	
CITY-ST-ZIP	MT LAUREL NJ	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	KILDEA, DENNIS	
STREET ADDRESS	523 FELLOWSHIP RD SUITE 220	
CITY-ST-ZIP	MT LAUREL NJ	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CARRION, RICHARD	
STREET ADDRESS	209 MUNOZ RIVERIA AVE.	
CITY-ST-ZIP	HALTO REY PR 00919	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CHAFEY, DAVID H JR.	
STREET ADDRESS	209 MUNOZ RIVERIA AVE.	
CITY-ST-ZIP	HALTO REY PR 00919	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President/CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Cameron Williams	
1.3 STREET ADDRESS	523 Fellowship Rd, Ste 230	
1.4 CITY-ST-ZIP	Mt. Laurel, NJ 08054	
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 607, 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:  DATE: **1/5/98** DAYTIME PHONE #: **609-768-2600**

CR2E034 (1/198)