

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

FILED

Apr 07 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F96000001591 (4)**

1. Corporation Name  
**CH MORTGAGE COMPANY**

Principal Place of Business <b>7001 N. SCOTTSDALE RD., STE 2055 SCOTTSDALE AZ 85253</b>	Mailing Address <b>7001 N. SCOTTSDALE RD., STE 2055 SCOTTSDALE AZ 85253-3667</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>03/28/1996</b>	3a. Date of Last Report
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>87-1417815</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>MORONEY, JOHN P</b> <b>9450 SUNSET DRIVE, STE 101</b> <b>MIAMI FL 33173</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable) <b>8000 GOVERNOR'S SQUARE BLVD.</b>		
				83	<b>SUITE 101</b>		
				84	City	<b>MIAMI LAKES,</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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	PRESENT, RANDALL C		1.2 NAME				
STREET ADDRESS	11911 BURNET ROAD		1.3 STREET ADDRESS				
CITY-ST-ZIP	AUSTIN TX		1.4 CITY-ST-ZIP				
TITLE	VS	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	GADBERRY, COLEEN		2.2 NAME				
STREET ADDRESS	7001 N SCOTTSDALE RD., STE 2050		2.3 STREET ADDRESS				
CITY-ST-ZIP	SCOTTSDALE AZ		2.4 CITY-ST-ZIP				
TITLE	D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	LOBACK, DONALD R		3.2 NAME	D			
STREET ADDRESS	7001 N SCOTTSDALE RD., STE 2050		3.3 STREET ADDRESS	RYAN, ROBERT B.			
CITY-ST-ZIP	SCOTTSDALE AZ		3.4 CITY-ST-ZIP	7001 N SCOTTSDALE RD., STE. 2050			
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	HICKOX, W T		4.2 NAME				
STREET ADDRESS	7001 N SCOTTSDALE RD., STE 2050		4.3 STREET ADDRESS				
CITY-ST-ZIP	SCOTTSDALE AZ		4.4 CITY-ST-ZIP				
TITLE	D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	GONZALES, KENDA B		5.2 NAME	T			
STREET ADDRESS	7001 N SCOTTSDALE RD., STE 2050		5.3 STREET ADDRESS	CHRISTINA M. MONKEWICZ			
CITY-ST-ZIP	SCOTTSDALE AZ		5.4 CITY-ST-ZIP	7001 N. SCOTTSDALE ROAD, STE. 2050			
TITLE	AS	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	WOLNOSKI, BEA		6.2 NAME				
STREET ADDRESS	7001 N SCOTTSDALE RD., STE 2055		6.3 STREET ADDRESS				
CITY-ST-ZIP	SCOTTSDALE AZ		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: Christina M. Monkewicz 3/14/97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)