

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

FILED

**Apr 10 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 # G53682 (2)
 1. Corporation Name
HMS MORTGAGE COMPANY, INC.



Principal Place of Business 400 SAWGRASS CORPORATE PWY SUNRISE FL 33325 US	Mailing Address 400 SAWGRASS CORPORATE PWY SUNRISE FL 33325-6235 US
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/05/1983	3a. Date of Last Report 05/01/1996
21. Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	4. FEI Number 59-2349385	Applied For <input type="checkbox"/> Not Applicable
25. Suite, Apt. #, etc.	26. City & State	27. Zip	28. Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
29. Suite, Apt. #, etc.	30. City & State	31. Zip	32. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

JONES, MICHAEL F 400 SAWGRASS CORPORATE PWY SUNRISE FL 33325				81. Name KAREN CHILDRESS
				82. Street Address (P.O. Box Number is Not Acceptable) 400 SAWGRASS CORPORATE PKWY
				83. City
				84. City SUNRISE
				85. Zip Code FL 33325

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]* (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD JONES, MICHAEL F. 400 SAWGRASS CORPORATE PWY SUNRISE FL 33325	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TVD MORRIS, C G 400 SAWGRASS CORPORATE PWY SUNRISE FL 33325	<input type="checkbox"/> DELETE	1.2 NAME
STREET ADDRESS	DV BUCELLATO, CARL 400 SAWGRASS CORPORATE PWY SUNRISE FL 33325	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS
CITY-ST-ZIP	D CHILDRESS, KAREN 400 SAWGRASS CORPORATE PWY SUNRISE FL 33325	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		<input type="checkbox"/> DELETE	2.2 NAME
STREET ADDRESS		<input type="checkbox"/> DELETE	2.3 STREET ADDRESS
CITY-ST-ZIP		<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		<input type="checkbox"/> DELETE	3.2 NAME
STREET ADDRESS		<input type="checkbox"/> DELETE	3.3 STREET ADDRESS
CITY-ST-ZIP		<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		<input type="checkbox"/> DELETE	4.2 NAME
STREET ADDRESS		<input type="checkbox"/> DELETE	4.3 STREET ADDRESS
CITY-ST-ZIP		<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		<input type="checkbox"/> DELETE	5.2 NAME
STREET ADDRESS		<input type="checkbox"/> DELETE	5.3 STREET ADDRESS
CITY-ST-ZIP		<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		<input type="checkbox"/> DELETE	6.2 NAME
STREET ADDRESS		<input type="checkbox"/> DELETE	6.3 STREET ADDRESS
CITY-ST-ZIP		<input type="checkbox"/> DELETE	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: *[Signature]* **REQUIRED** 3/14/97 (954) 845-9100
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)