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Mar 02 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H86242 (5)
1. Corporation Name
STATE HOME ACCEPTANCE CORP.



Principal Place of Business
700 N.W. 107TH AVENUE
4TH FLOOR
MIAMI FL 33172

Mailing Address
700 N.W. 107TH AVENUE
4TH FLOOR
MIAMI FL 33172

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/18/1985	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2607034	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent WATSKY, MORRIS J., ESQ. 700 N.W. 107TH AVENUE MIAMI FL 33172		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
85 FL		86 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	CD	1.1 TITLE	P, C, D
NAME	MILLER, LEONARD	1.2 NAME	Pekor, Allan J.
STREET ADDRESS	700 NW 107TH AVE. 4TH FL	1.3 STREET ADDRESS	700 N.W. 107 Ave.
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Miami, FL 33172
TITLE	VS	2.1 TITLE	D, V
NAME	REED, LINDA	2.2 NAME	Reed, Linda
STREET ADDRESS	700 NW 107TH AVE. 4TH FL	2.3 STREET ADDRESS	700 N.W. 107 Ave.
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Miami, FL 33172
TITLE	PD	3.1 TITLE	AS
NAME	SAIONTZ, STEVEN J.	3.2 NAME	Watsky, Morris J.
STREET ADDRESS	700 NW 107TH AVE. 4TH FL	3.3 STREET ADDRESS	700 N.W. 107 Ave.
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	Miami, FL 33172
TITLE	V	4.1 TITLE	
NAME	MODIST, DEBRA	4.2 NAME	
STREET ADDRESS	700 NW 107TH AVE. 4TH FL	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	VT	5.1 TITLE	
NAME	MUNOZ, JANICE	5.2 NAME	
STREET ADDRESS	700 NW 107TH AVE. 4TH FL	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	
NAME	KAMINSKY, NANCY	6.2 NAME	
STREET ADDRESS	700 NW 107TH AVE. 4TH FL	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	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.

SIGNATURE _____ 1-8-98 229-6400

CR2E034 (10/97)