


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

FILED

Jan 27 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **J40086** (7)  
1. Corporation Name  
**SECURITYBANC MORTGAGE COMPANY**

Principal Place of Business <b>7880 W OAKLAND PARK BLVD. SUNRISE FL 33351 US</b>	Mailing Address <b>1450 SOUTH STATE ROAD SEVEN NORTH LAUDERDALE FL 33068</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified <b>10/29/1986</b>	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number <b>59-2732538</b> Applied For Not Applicable	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip 24		Country 25		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Zip 29		Country 30		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	

g. Name and Address of Current Registered Agent <b>KENNEY, TIMOTHY H. 189 BRADLEY PLACE PALM BEACH FL 33480</b>		10. Name and Address of New Registered Agent	
		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	
		FL 85 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FITZGERALD, J.MICHAEL	1.2 NAME	Larry Serlo
STREET ADDRESS	150 FLAGLER STREET	1.3 STREET ADDRESS	224 N E 32 Ct
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Oakland Park FL 33304
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARRANCO, EDUARDO	2.2 NAME	Michael O Albertine
STREET ADDRESS	1450 S.STATE ROAD SEVEN	2.3 STREET ADDRESS	2200 W Commercial Blvd Suite 301
CITY-ST-ZIP	N.LAUDERDALE FL	2.4 CITY-ST-ZIP	Ft Lauderdale FL 33309
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERNANDEZ, MANUAL	3.2 NAME	Fernandez, Manuel
STREET ADDRESS	1450 S. STATE ROAD 7	3.3 STREET ADDRESS	1450 S State Road 7
CITY-ST-ZIP	NORTH LAUDERDALE FL 33068	3.4 CITY-ST-ZIP	North Lauderdale Florida 33068
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	P & D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	Barranco, Eduardo
STREET ADDRESS		4.3 STREET ADDRESS	1450 S State Road 7
CITY-ST-ZIP		4.4 CITY-ST-ZIP	North Lauderdale FL 33068
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

*[Signature]* RED 1-12-98 (954) 971-9890

CR2E034 (10/97)