

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

FILED

**May 07 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 # J80244 (3)
1. Corporation Name
R.L. SCHMIDT MORTGAGE CORP., INC.



Principal Place of Business 4624 HOLLYWOOD BLVD. SUITE 200 HOLLYWOOD FL 33021 US	Mailing Address 4624 HOLLYWOOD BLVD. SUITE 200 HOLLYWOOD FL 33021-6526 US
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3. Date Incorporated or Qualified 06/30/1987	3a. Date of Last Report 02/20/1996
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21. Principal Place of Business 394 SW 12 Ave	22. Mailing Address 394 SW 12 Ave
22. Suite Apt. # etc.	27. Suite, Apt. #, etc.
23. City & State Deerfield Beach FL	27. City & State Deerfield Bch FL
24. Zip 33442	29. Zip 33442
25. Country	30. Country

4. FEI Number 65-0053238	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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 CUTAIA, ANTHONY F 394 S.W. 12TH AVENUE DEERFIELD BEACH FL 33442	
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81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL
83.	
84. City	

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		DELETED
TITLE	CEO	<input type="checkbox"/>
NAME	CUTAIA, ANTHONY F	
STREET ADDRESS	394 SW 12TH AVENUE	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	P	<input checked="" type="checkbox"/>
NAME	RIZZA, KENNETH	
STREET ADDRESS	4624 HOLLYWOOD BLVD #200	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	VPAS	<input type="checkbox"/>
NAME	CUTAIA, SUSAN D	
STREET ADDRESS	394 SW 12TH AVENUE	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	TD	<input type="checkbox"/>
NAME	CORKERY, NEIL	
STREET ADDRESS	1002 NW 5TH AVENUE	
CITY-ST-ZIP	DELRAY BEACH FL 33444	
TITLE	SD	<input checked="" type="checkbox"/>
NAME	CORKERY, ANN	
STREET ADDRESS	1002 NW 5TH AVENUE	
CITY-ST-ZIP	DELRAY BEACH FL 33444	
TITLE	TD	<input type="checkbox"/>
NAME	PERSHES, PAUL	
STREET ADDRESS	4301 N. OCEAN BLVD., APT. 1604-A	
CITY-ST-ZIP	BOCA RATON FL 33431	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
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: Anthony F. Cutain **ANTHONY F. CUTAIN** Date: 4/29/97 Daytime Phone #: 954-420-5901

CR2E034 (9/96)