


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Aug 04 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 # **K80620** (3)
1. Corporation Name
BANKERS DIRECT MORTGAGE CORPORATION



Principal Place of Business 580 VILLAGE BLVD. STE. 360 WEST PALM BEACH FL 33409	Mailing Address 580 VILLAGE BLVD. STE. 360 WEST PALM BEACH FL 33409
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 580 VILLAGE Blvd. Suite, Apt. #, etc. 22 SUITE 120 City & State 23 WEST PALM BEACH Zip 24 33409	2a. Mailing Address 26 580 VILLAGE Blvd. Suite, Apt. #, etc. 27 SUITE 120 City & State 28 WEST PALM BEACH Zip 29 33409
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3. Date Incorporated or Qualified 04/17/1989	3a. Date of Last Report 04/22/1996
4. FEI Number 65-0127741	Applied For <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Not Applicable
6. 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 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
**CASTORO, VINCENT
580 VILLAGE BLVD.
STE. 360
WEST PALM BEACH FL 33409**

10. Name and Address of New Registered Agent
81 Name **VINCENT J. CASTORO, JR.**
82 Street Address (P.O. Box Number is Not Acceptable)
580 VILLAGE BLVD - Suite 120
83
84 City **WEST PALM BEACH** FL 85 Zip Code **33409**

11. Pursuant to the provisions of Sections 607.0507 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  (VINCENT J. CASTORO, JR.) 7-24-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	CASTORO, CHRISTOPHER C.	
STREET ADDRESS	580 VILLAGE BLVD. STE. 360	
CITY-ST-ZIP	WEST PALM BEACH FL 33409	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	CASTORO, VINCENT JOHN	
STREET ADDRESS	580 VILLAGE BLVD. STE. 360	
CITY-ST-ZIP	WEST PALM BEACH FL 33409	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DON M. Lashbrook	
1.3 STREET ADDRESS	580 VILLAGE BLVD - Suite 120	
1.4 CITY-ST-ZIP	WEST PALM BEACH, FL. 33409	
2.1 TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VINCENT J. CASTORO, JR.	
2.3 STREET ADDRESS	580 VILLAGE BLVD. - Suite 120	
2.4 CITY-ST-ZIP	WEST PALM BEACH, FL. 33409	
3.1 TITLE	SECRETARY / TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	CHRISTOPHER C. CASTORO	
3.3 STREET ADDRESS	580 VILLAGE BLVD - Suite 120	
3.4 CITY-ST-ZIP	WEST PALM BEACH, FL. 33409	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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  7/24/97 561-187-1945

CR2E034 (4/97)