

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

FILED
May 12 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 # L08718 (3)
1. Corporation Name
BANKERS MORTGAGE AND LENDING GROUP, INC.



Principal Place of Business
8211 WEST BROWARD BLVD.
SUITE 330
PLANTATION FL 33324
US

Mailing Address
8211 WEST BROWARD BLVD.
SUITE 330
PLANTATION FL 33324
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 9040 STATE ROAD 84		26 9040 STATE ROAD 84		08/14/1989	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0202710	
City & State		City & State		Applied For	
23 DAVIE, FLORIDA		28 DAVIE, FLORIDA		Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
24 33324		29 33324		<input type="checkbox"/> \$8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing	
25 US		30 US		Trust Fund Contribution	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
				6. 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

ADAMSON, DAVID C III
8211 WEST BROWARD BOULEVARD
SUITE 330
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name	DAVID C. ADAMSON III
82 Street Address (P.O. Box Number is Not Acceptable)	9040 STATE ROAD 84
83	
84 City	DAVIE
85 Zip Code	FL 33324

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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ADAMSON, DAVID	
STREET ADDRESS	8211 WEST BROWARD BLVD. #330	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	CAMUS, PABLO	
STREET ADDRESS	8211 WEST BROWARD BLVD. #330	
CITY-ST-ZIP	PLANTATION FL 33324	
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	PRES/ VP/ SEC / DIR.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ADAMSON, DAVID C. III	
1.3 STREET ADDRESS	9040 STATE ROAD 84	
1.4 CITY-ST-ZIP	DAVIE, FLORIDA 33324	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	DELETED AS OF JAN 1998	
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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 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 any attachment with an address.

SIGNATURE: _____

David C. Adamson III

4/30/98 (954) 452 8222

CR2E034 (10/97)