

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

FILED
May 09 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 # **L22996** (7)
1. Corporation Name
COOMBANK MORTGAGE CO.

Principal Place of Business *SHARON L. WILSON*
JOHN P. BROWN, JR.
28801 SW 157TH AVE
HOMESTEAD FL 33033

Mailing Address *SHARON L. WILSON*
JOHN P. BROWN, JR.
28801 SW 157TH AVE
HOMESTEAD FL 33033-2437



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/16/1989		3a. Date of Last Report 05/01/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 65-0139244		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 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 BROWN, JOHN P., JR. 28801 SW 157TH AVE HOMESTEAD FL 33033				10. Name and Address of New Registered Agent			
				81 Name Robert L. Epling			
				82 Street Address (P.O. Box Number is Not Acceptable) 28801 S.W. 157th Avenue			
				83			
				84 City Homestead			
				85 Zip Code FL 33033			

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]* **Robert L. Epling** 4/25/97
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DC	<input type="checkbox"/> DELETE		1.1 TITLE	DS	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	EPLING, R. L.			1.2 NAME	SHARON L. WILSON		
STREET ADDRESS	28801 SW 157TH AVE			1.3 STREET ADDRESS	28801 SW 157 AVE		
CITY-ST-ZIP	HOMESTEAD FL			1.4 CITY-ST-ZIP	HOMESTEAD, FL.		
TITLE	DS	<input checked="" type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BROWN, JOHN P., JR.			2.2 NAME			
STREET ADDRESS	28801 SW 157TH AVE			2.3 STREET ADDRESS			
CITY-ST-ZIP	HOMESTEAD FL			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROMERO, JOSE M. JR.			3.2 NAME			
STREET ADDRESS	28140 S. DIXIE HWY			3.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL			3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
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 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: *[Signature]* Robert L. Epling 4/25/97 (305) 245-2211

CR2E034 (9/96)