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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

DOCUMENT # L29854

(1)

1. Corporation Name:
ABCO MORTGAGE CORPORATION

Principal Place of Business
6011 RODMAN STREET, SUITE 207
HOLLYWOOD FL 33023

Mailing Address
6011 RODMAN STREET, SUITE 207
HOLLYWOOD FL 33023-1805



3. Date Incorporated or Qualified 11/15/1989 3a. Date of Last Report 03/14/1996

2. Principal Place of Business 21 3336 GRIFFIN ROAD 2a. Mailing Address 26 3336 GRIFFIN ROAD 4. FEI Number 65-0162854 Applied For Not Applicable

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 5. Certificate of Status Desired \$8.75 Additional Fee Required

23 City & State FORT LAUDERDALE, FL. 28 City & State FORT LAUDERDALE, FL. 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24 Zip 33312 25 Country USA 29 Zip 33312 30 Country USA 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

HUSTON, LARRY
6011 RODMAN STREET
HOLLYWOOD FL 33023

81 Name HUSTON, LARRY
82 Street Address (P.O. Box Number is Not Acceptable) 3336 GRIFFIN ROAD
83
84 City FORT LAUDERDALE FL 85 Zip Code 33312

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	P HUSTON, LARRY T. 893 NW 12 AVE DANIA FL 33004	1.1 TITLE	
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	VST HUSTON, JANET L. 893 NW 12 AVE DANIA FL 33004	2.1 TITLE	V.S.T
NAME		2.2 NAME	HUSTON, COAY G.
STREET ADDRESS		2.3 STREET ADDRESS	693 N.W. 12 AVE.
CITY - ST - ZIP		2.4 CITY - ST - ZIP	DANIA, FL. 33004
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
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: LARRY T. HUSTON 4/28/97 954-963-8537
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)