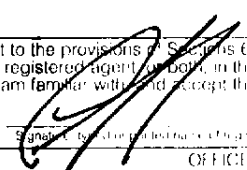
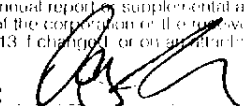


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 30 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 # L37202 1. Corporation Name: INSERV MORTGAGE CORPORATION			
Principal Place of Business: 4520 NE 18 AVE. STE. 302 FT. LAUDERDALE, FL 33334		Mailing Address: SAME	
2. Principal Place of Business: 21 4520 NE 18 AVE Suite Apt. #, etc. 22 302 City & State 23 FT. LAUDERDALE, FL 33334 Zip 24 33334 Country 25 BROWARD		2a. Mailing Address: 26 SAME Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	
9. Name and Address of Current Registered Agent CHARLES MOORES 1212 NE 17 WAY FT. LAUDERDALE, FL 33304		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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:  CHARLES MOORES 4/28/98 (Signature of the current registered agent is required when changing the registered office or registered agent. Signature of the new registered agent is required when registering.)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PRESIDENT NAME: DOROTHY MOORES STREET ADDRESS: 1212 NE 18 WAY CITY-ST-ZIP: FT. LAUDERDALE, FL 33304		11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	
TITLE: VICE PRESIDENT NAME: CHARLES MOORES STREET ADDRESS: 1212 NE 17 WAY CITY-ST-ZIP: FT. LAUDERDALE, FL 33304		21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:		31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:		41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:		51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:		61 TITLE 62 NAME 63 STREET ADDRESS 64 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. I changed () or on an attached sheet with an address.			
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DOROTHY MOORES/PRESIDENT 4/28/98 954-938-0089 Date Daytime Phone #	

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