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Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L41181** **(3)**

1. Corporation Name
INDEPENDENT BROKERAGE MORTGAGE CORPORATION

Principal Place of Business	Mailing Address
501 GOLDEN ISLES DR., STE. 203 HALLANDALE FL 33009	501 GOLDEN ISLES DR., STE. 203 HALLANDALE FL 33009

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 1840 W 49th Street	26 1840 W 49th Street
Suite, Apt. #, etc 22 Suite 700	Suite, Apt. #, etc 27 Suite 700
City & State 23 Hialeah, Fl.	City & State 28 Hialeah, Fl.
Zip / Country 24 33012 / 25 US	Zip / Country 29 33012 / 30 US

3. Date Incorporated or Qualified
01/09/1990

4. FEI Number
59-2984564
[ ] Applied For / Not Applicable

5. Certificate of Status Desired [X] **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. [X] Yes [ ] No

9. Name and Address of Current Registered Agent
PERLOW, JEFFREY
1820 E. HALLANDALE BEACH BLVD.
HALLANDALE FL 33009

10. Name and Address of New Registered Agent
81 Name: Guillermo RODRIGUEZ
82 Street Address (P.O. Box Number is Not Acceptable): 1840 W 49th Street Suite 700
83
84 City: Hialeah, Fl. FL 85 Zip Code: 33012

11. Pursuant to the provisions of Sections 607.0502 and 607.1538, 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: Guillermo Rodriguez 6/16/98
(Typed or printed name of person signing) (Title of person signing) (Date)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P WAHLENBERG, CARIDAD 1000 QUAYSIDE TERR #1108 MIAMI FL	[X] DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	DP Bradley S. WEISS 1840 W 49th Street, Suite 700 Hialeah, Fl. 33012	[ ] Change [X] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VST KLEIN, CECILIA C. 10240 NW 31ST COURT SUNRISE FL	[X] DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	SVP Edward B. CRAIG 1840 W 49th Street, Suite 700 Hialeah, Fl. 33012	[ ] Change [X] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VT ROSEBERRY, GERMAINE 2835 NW 73RD AVE SUNRISE FL	[X] DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	T Guillermo RODRIGUEZ 1840 W 49th Street, Suite 700 Hialeah, Fl. 33012	[ ] Change [X] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	VP Matt VAN VLIET 1840 W 49th Street, Suite 700 Hialeah, Fl. 33012	[ ] Change [X] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		[ ] Change [ ] Addition

6/16/98

CR2E034 (10/97)

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 an attachment with an address.

SIGNATURE: 3/20/98 (305) 827-3331
(Date) (Telephone Number)