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Apr 04 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 # L96695 (6)

1. Corporation Name

FIRST TRUST MORTGAGE AND FINANCE, INC.



Principal Place of Business

4401 W. KENNEDY BLVD., STE 350  
TAMPA FL 33609

Mailing Address

4401 W. KENNEDY BLVD., STE 350  
TAMPA FL 33609-2049

3. Date Incorporated or Qualified

08/27/1990

3a. Date of Last Report

07/10/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCARPO, ANTHONY L.  
4401 W. KENNEDY BLVD.  
STE 350  
TAMPA FL 33609

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

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 PST  
NAME SCARPO, ANTHONY L.  
STREET ADDRESS 4401 W. KENNEDY BLVD, #350  
CITY- ST- ZIP TAMPA FL

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

2.2 NAME

TITLE ☐ DELETE

2.3 STREET ADDRESS

TITLE ☐ DELETE

2.4 CITY- ST- ZIP

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

3.2 NAME

TITLE ☐ DELETE

3.3 STREET ADDRESS

TITLE ☐ DELETE

3.4 CITY- ST- ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

4.2 NAME

TITLE ☐ DELETE

4.3 STREET ADDRESS

TITLE ☐ DELETE

4.4 CITY- ST- ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

5.2 NAME

TITLE ☐ DELETE

5.3 STREET ADDRESS

TITLE ☐ DELETE

5.4 CITY- ST- ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

6.2 NAME

TITLE ☐ DELETE

6.3 STREET ADDRESS

TITLE ☐ DELETE

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:

ANTHONY L. SCARPO

1-15-97

813-282-1560

CR2E034 (9/96)