

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 # L96695 (6)  
1. Corporation Name  
FIRST TRUST MORTGAGE AND FINANCE, INC.



Principal Place of Business Mailing Address  
4401 W. KENNEDY BLVD., STE 350 4401 W. KENNEDY BLVD., STE 350  
TAMPA FL 33609 TAMPA FL 33609

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	400 N Tampa St	26	400 N Tampa St	08/27/1990	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 Suite 120		27 Suite 120		59-3028474	
City & State		City & State		Applied For	
23 Tampa, FL		28 Tampa, FL		Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
24 33602	Country	29 33602	Country	33602	
33602		33602		6. Election Campaign Financing	
33602		33602		Trust Fund Contribution	
33602		33602		7. This corporation owes or has paid the current year Intangible	
33602		33602		Personal Property Tax due June 30.	
33602		33602		8. This corporation owes or has paid the current year Intangible	
33602		33602		Personal Property Tax due June 30.	
33602		33602		9. Name and Address of Current Registered Agent	
33602		33602		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)  
83 400 N Tampa St  
84 Ste 120  
85 City Tampa FL 33602

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	1.1 TITLE	
NAME	SCARPO, ANTHONY L.	1.2 NAME	
STREET ADDRESS	4401 W. KENNEDY BLVD, #350	1.3 STREET ADDRESS	400 N Tampa St - Ste 120
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	Tampa, FL 33602
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
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 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.

CR2E034 (10/97)