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Mar 02 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 # M08506 (1)
1. Corporation Name
ADJUSTABLE MORTGAGE FINANCE CORPORATION



Principal Place of Business

Mailing Address

C/O MORRIS J. WATSKY
700 NW 107TH AVENUE
MIAMI FL 33172

C/O MORRIS J. WATSKY
700 NW 107TH AVENUE
MIAMI FL 33172

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/04/1984	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2477188	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
WATSKY, MORRIS J. 700 NW 107TH AVENUE MIAMI FL 33172				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				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	CD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	D, C, P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILLER, LEONARD		1.2 NAME	Pekor, Allan J.	
STREET ADDRESS	700 N.W. 107 AVE.		1.3 STREET ADDRESS	700 N.W. 107 Ave.	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	Miami, FL 33172	
TITLE	VT	<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUNOZ, JANICE		2.2 NAME		
STREET ADDRESS	700 N.W. 107 AVE.		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP		
TITLE	SV	<input type="checkbox"/> DELETE	3.1 TITLE	D, V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REED, LINDA		3.2 NAME	Reed, Linda	
STREET ADDRESS	700 N.W. 107 AVE.		3.3 STREET ADDRESS	700 N.W. 107 Ave.	
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP	Miami, FL 33172	
TITLE	DP	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAIDNTZ, STEVEN J.		4.2 NAME	Watsky, Morris J.	
STREET ADDRESS	700 N.W. 107 AVE.		4.3 STREET ADDRESS	700 NW 107 Ave	
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP	Miami, FL 33172	
TITLE	VAS	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAMINSKY, NANCY		5.2 NAME		
STREET ADDRESS	700 N.W. 107 AVE.		5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		5.4 CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> DELETE	6.1 TITLE	V, S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MODIST, DEBRA		6.2 NAME	modist Debra	
STREET ADDRESS	700 N.W. 107 AVE.		6.3 STREET ADDRESS	700 N.W. 107 Ave	
CITY-ST-ZIP	MIAMI FL		6.4 CITY-ST-ZIP	Miami, FL 33172	

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, on an attachment with an address.

SIGNATURE:

Debra Modist 1/9/98 229-6400

CR2E034 (10/97)