
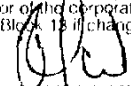


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

APPROVED
AND
FILED

1997 MAR 10 AM 11: 23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra S. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M90964 (1) 1. Corporation Name SMART MORTGAGE CORPORATION			
Principal Place of Business 8555 POWERLINE RD SUITE 308 FT LAUDERDALE FL 33308		Mailing Address 8555 POWERLINE RD SUITE 308 FT LAUDERDALE FL 33308-2050	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 SUITE 414 23 City & State 24 Zip * 25 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 SUITE 414 28 City & State 29 Zip 30 Country	
3. Date Incorporated or Qualified 07/26/1988		3a. Date of Last Report 02/19/1996	
4. FEI Number 65-0062269		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent PERLOFF, JOHN W. 1177 SE THIRD AVE FT LAUDERDALE FL 33316		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 900002110179--6 -03/11/97--01109--003 84 City ***173. FL ***199: 75	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			
12. OFFICERS AND DIRECTORS			
TITLE	DPS	<input type="checkbox"/> DELETE	
NAME	SHANNON, PHILLIP W.		
STREET ADDRESS	8555 POWERLINE RD, #308		
CITY-ST-ZIP	FT LAUDERDALE FL		
TITLE	VAS	<input type="checkbox"/> DELETE	
NAME	NOVAK, KENNETH E.		
STREET ADDRESS	8555 POWERLINE RD, #308		
CITY-ST-ZIP	FT LAUDERDALE FL		
TITLE	AS	<input type="checkbox"/> DELETE	
NAME	BARRETT, SCOTT A.		
STREET ADDRESS	8555 POWERLINE RD, #308		
CITY-ST-ZIP	FT LAUDERDALE FL		
TITLE	D	<input type="checkbox"/> DELETE	
NAME	BARKER, ART		
STREET ADDRESS	8555 POWERLINE RD, #308		
CITY-ST-ZIP	FT LAUDERDALE FL		
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
1.2 NAME			
1.3 STREET ADDRESS	6555 POWERLINE RD #414		
1.4 CITY-ST-ZIP			
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
2.2 NAME			
2.3 STREET ADDRESS	6555 POWERLINE RD #414		
2.4 CITY-ST-ZIP			
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
3.2 NAME			
3.3 STREET ADDRESS	6555 POWERLINE RD #414		
3.4 CITY-ST-ZIP			
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
4.2 NAME			
4.3 STREET ADDRESS	6555 POWERLINE RD #414		
4.4 CITY-ST-ZIP			
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
6.2 NAME			
6.3 STREET ADDRESS			
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: 		PHILLIP SHANNON 3/7/97 954 471-6477	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: _____ Daytime Phone: _____	

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