

FILE NOW: FILING FEE IS \$61.25

FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90126 041 *****8.75

05-03-1999 90126 042 *****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000005090

1. Corporation Name

FLORIDA DOWNPAYMENT ASSISTANCE PROGRAM CORP.

Principal Place of Business
**5461 NORTH FEDERAL HIGHWAY
FORT LAUDERDALE FL 33308**

Mailing Address
**5461 NORTH FEDERAL HIGHWAY
FORT LAUDERDALE FL 33308**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/02/1998	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" 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		
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
LEVINE & SEGAUL, P.A. 4300 N. UNIVERSITY DRIVE SUITE A-106 FORT LAUDERDALE FL 33351				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 617.0502 and 617.1508, 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 617.0503, 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	PRESIDENT <input type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT (MD) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARK KORCOK	1.2 NAME	MARK KORCOK
STREET ADDRESS	5461 NORTH FEDERAL HIGHWAY	1.3 STREET ADDRESS	2603 N.E. 34 STREET
CITY-ST-ZIP	FORT LAUDERDALE, FL. 33308	1.4 CITY-ST-ZIP	FORT LAUDERDALE, FL. 33308
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	VICE PRESIDENT (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	SAMUAL SPENCE
STREET ADDRESS		2.3 STREET ADDRESS	5461 NORTH FEDERAL HIGHWAY
CITY-ST-ZIP		2.4 CITY-ST-ZIP	FORT LAUDERDALE, FL. 33308
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	SECRATARY (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	ALLEN KATZ
STREET ADDRESS		3.3 STREET ADDRESS	2919 EAST COMMERCIAL BLVD.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	FORT LAUDERDALE, FL. 33308
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 20, 1999

954-489-9997

Date

Daytime Phone #

CR2E037 (11/98)