


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

FILED

Jan 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
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DOCUMENT # P10148 (5)  
1. Corporation Name  
NEW JERSEY MORTGAGE AND INVESTMENT CORP.

Principal Place of Business 5 BECKER FARM ROAD POST OFFICE BOX M ROSELAND NJ 07068-0912 US	Mailing Address 5 BECKER FARM ROAD POST OFFICE BOX M ROSELAND NJ 07068-0912 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/20/1986	
21	Suite, Apt. #, etc.	26	111 Presidential Blvd	4. FEI Number 22-1153363	
22	City & State	27	Suite 215	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	BALA CYNWYD PA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	19004	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent INFOSEARCH, INC. 115 N. CALHOUN STREET TALLAHASSEE FL 32301		10. Name and Address of New Registered Agent	
		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	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FURST, STAN L	1.2 NAME	
STREET ADDRESS	35 HEMLOCK ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	LIVINGSTON NJ	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GODFREY, LEON S.	2.2 NAME	DAVID M LEVIN
STREET ADDRESS	322 COVERED BRIDGE ROAD	2.3 STREET ADDRESS	111 PRESIDENTIAL BLVD SUITE 215
CITY-ST-ZIP	CHERRY HILL NJ	2.4 CITY-ST-ZIP	BALA CYNWYD PA 19004
TITLE	VP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUCCI, DANIEL O	3.2 NAME	
STREET ADDRESS	5 BECKER FARM RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	ROSELAND NJ 27	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FURST, JOEL E.	4.2 NAME	P
STREET ADDRESS	26 PROSPECT ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	LIVINGSTON NJ	4.4 CITY-ST-ZIP	
TITLE	AS	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHRISTIAN, LINDA A	5.2 NAME	ANTHONY SANTILLI, JR
STREET ADDRESS	5 BECKER FARM RD	5.3 STREET ADDRESS	111 PRESIDENTIAL BLVD SUITE 215
CITY-ST-ZIP	ROSELAND NJ 27	5.4 CITY-ST-ZIP	BALA CYNWYD PA 19004
TITLE	AS	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CIULLO, LISA A	6.2 NAME	
STREET ADDRESS	5 BECKER FARM RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	ROSELAND NJ 27	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

SIGNATURE: David M. Levin Sr. VP 1/15/98 610-666-2040

CR2E034 (10/97)