

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

FILED

May 14 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **P10728** (4)

1. Corporation Name  
**CMO TRUST, INC.**



Principal Place of Business <b>C/O SUNCOAST SAVINGS &amp; LOAN 4000 HOLLYWOOD BLVD HOLLYWOOD FL 33021-3733</b>	Mailing Address <b>C/O SUNCOAST SAVINGS &amp; LOAN 4000 HOLLYWOOD BLVD HOLLYWOOD FL 33021-8751</b>
---	---

**% BankUnited, FSB**      **% BankUnited, FSB**

2. Principal Place of Business <b>255 Alhambra Circle</b>	2a. Mailing Address <b>255 Alhambra Circle</b>
22. City & State <b>Coral Gables, FL</b>	27. City & State <b>Coral Gables, FL</b>
23. Zip <b>33134</b>	29. Zip <b>33134</b>

3. Date Incorporated or Qualified <b>07/09/1986</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>59-2742088</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> 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  
**MITCHLER, WENDY M  
C/O SUNCOAST SAVINGS & LOAN  
4000 HOLLYWOOD BLVD.  
HOLLYWOOD FL 33021**

10. Name and Address of New Registered Agent

81. Name <b>Nancy Ashton</b>
82. Street Address (P.O. Box Number is Not Acceptable) <b>255 Alhambra Circle</b>
83. City <b>Coral Gables</b>
84. State <b>FL</b>
85. Zip Code <b>33134</b>

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: *Nancy Ashton* (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE <b>POC</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>FINCH, ALBERT J.</b>	
STREET ADDRESS <b>4000 HOLLYWOOD BLVD. HOLLYWOOD FL</b>	
CITY-ST-ZIP	
TITLE <b>ASD</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>BROWDY, RICHARD L</b>	
STREET ADDRESS <b>4000 HOLLYWOOD BLVD HOLLYWOOD FL</b>	
CITY-ST-ZIP	
TITLE <b>S</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>MITCHLER, WENDY M</b>	
STREET ADDRESS <b>4000 HOLLYWOOD BLVD. HOLLYWOOD FL</b>	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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

11. TITLE <b>James Dougherty</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. NAME <b>255 Alhambra Circle</b>	
13. STREET ADDRESS <b>Coral Gables, FL 33134</b>	
14. CITY-ST-ZIP	
21. TITLE <b>Nancy Ashton</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22. NAME <b>255 Alhambra Circle</b>	
23. STREET ADDRESS <b>Coral Gables, FL 33134</b>	
24. CITY-ST-ZIP	
31. TITLE <b>Samuel Milne</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32. NAME <b>255 Alhambra Circle</b>	
33. STREET ADDRESS <b>Coral Gables, FL</b>	
34. CITY-ST-ZIP	
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY-ST-ZIP	
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY-ST-ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. 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: *Nancy Ashton*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

CR2E034 (9/96)