


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

FILED
May 12 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 # **P93000018644 (3)**
1. Corporation Name
BANKERS NATIONAL MORTGAGE CORPORATION



Principal Place of Business 3240 S UNIVERSITY DR MIRAMAR FL 33025	Mailing Address 3240 S UNIVERSITY DR MIRAMAR FL 33025
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 4624 Hollywood Blvd Suite, Apt. #, etc. 22 203 City & State 23 Hollywood FL Zip 24 33021		2a. Mailing Address 26 4624 Hollywood Blvd Suite, Apt. #, etc. 27 203 City & State 28 Hollywood FL Zip 29 33021 30 USA		3. Date Incorporated or Qualified 03/11/1993	
		4. FEI Number 65-0398458		Applied For <input type="checkbox"/> 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 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 SARLEY, ORNA 3240 S UNIVERSITY DR MIRAMAR FL 33025				10. Name and Address of New Registered Agent			
				81 Name ORNA Sarley			
				82 Street Address (P.O. Box Number is Not Acceptable) 4624 Hollywood Blvd Ste 203			
				83			
				84 City Hollywood FL 85 Zip Code 33021			

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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
<input type="checkbox"/> DELETE				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE	PD			1.1 TITLE			
NAME	SARLEY, DONALD J			1.2 NAME			
STREET ADDRESS	3240 S UNIVERSITY DR			1.3 STREET ADDRESS	4624 Hollywood Blvd Ste 203		
CITY-ST-ZIP	MIRAMAR FL 33025			1.4 CITY-ST-ZIP	Hollywood FL 33021		
TITLE		<input type="checkbox"/> DELETE		2.1 TITLE	V. President		
NAME				2.2 NAME	Orna Sarley		
STREET ADDRESS				2.3 STREET ADDRESS	4624 Hollywood Blvd Ste 203		
CITY-ST-ZIP				2.4 CITY-ST-ZIP	Hollywood, FL 33021		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE			
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE			
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			
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			
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  **ORNA SARLEY V.P.** 4-20-98 954-913-0670 X113

CR2E034 (10/97)