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May 06 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000022707 (2)

1. Corporation Name

LIBERTY MORTGAGE OF SOUTH FLORIDA, INC.

Principal Place of Business

305 SOUTH FEDERAL HWY  
BOCA RATON FL 33432

Mailing Address

305 SOUTH FEDERAL HWY  
BOCA RATON FL 33432-8025



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 1450 S. DIXIE HWY		26 1450 S. DIXIE HWY		03/24/1993	04/09/1996
22 Suite, Apt. #, etc. Suite 201		27 Suite, Apt. #, etc. Suite 201		4. FEI Number	Applied For
23 BOCA RATON, FL		28 BOCA RATON, FL		65-0396839	Not Applicable
24 33432		29 33432		5. Certificate of Status Desired	\$8.75 Additional Fee Required
25 U.S.		30 U.S.		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
g. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			

JAMES, DAWN  
305 SOUTH FEDERAL HWY  
BOCA RATON FL 33432

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

*Dawn James*

Signature, typed or printed name of registered agent and true if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	1.1 TITLE	
NAME	DAWN, JAMES	1.2 NAME	
STREET ADDRESS	305 SOUTH FEDERAL HWY	1.3 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON FL 33432	1.4 CITY - ST - ZIP	
TITLE	VPS	2.1 TITLE	
NAME	FLICKER, MARK	2.2 NAME	
STREET ADDRESS	305 SOUTH FEDERAL HWY	2.3 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON FL 33432	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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:

*Dawn James, President* DAWN JAMES 4/29/97 561367433

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0316133

CR2E034 (9/96)