

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

FILED
Apr 29 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 # P93000037846 (1)

1. Corporation Name
ANID MORTGAGE TRUST CORP.

Principal Place of Business
2401 PGA BLVD.
SUITE 272
PALM BEACH GARDENS FL 33410
US

Mailing Address
P.O. BOX 31358
PALM BEACH GARDENS FL 33420
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 275 E Oakland Park Blvd Suite, Apt. #, etc 22 City & State 23 Oakland Park, FL Zip 24 33334 Country 25		2a. Mailing Address 26 Suite, Apt. #, etc 27 City & State 28 Zip 29 Country 30		3. Date Incorporated or Qualified 05/25/1993	
		4. FEI Number 65-0443261		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		7. 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 SHAPIRO, ROBERT L 2401 PGA BLVD. SUITE 272 PALM BEACH GARDENS FL 33410		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 FL	
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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	
TITLE	P	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALMIERI, LISA	1.2 NAME	
STREET ADDRESS	2401 PGA BLVD, SUITE 272	1.3 STREET ADDRESS	830 NE 18th Street
CITY-ST-ZIP	PALM BEACH GARDENS FL	1.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33305
TITLE	D	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEYWORTH, EMERSON O	2.2 NAME	
STREET ADDRESS	2401 PGA BLVD, SUITE 272	2.3 STREET ADDRESS	830 NE 18th Street
CITY-ST-ZIP	PALM BEACH GARDENS FL	2.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33305
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	VP
STREET ADDRESS		3.3 STREET ADDRESS	Linda Cruce
CITY-ST-ZIP		3.4 CITY-ST-ZIP	830 NE 18th Street
TITLE		4.1 TITLE	Ft. Lauderdale, FL 33305
NAME		4.2 NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS		4.3 STREET ADDRESS	VP-Acctg.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Michael Block
TITLE		5.1 TITLE	830 NE 18th Street
NAME		5.2 NAME	Ft. Lauderdale, FL 33305
STREET ADDRESS		5.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: *Linda Cruce* Linda Cruce 4-20-98

CR2E034 (10/97)