


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
Aug 15 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
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DOCUMENT # **P94000032068 (6)**

1. Corporation Name  
**MORTGAGE PROFESSIONALS, INC.**



Principal Place of Business <b>500 WEST CYPRESS CREEK ROAD SUITE 270 FT. LAUDERDALE FL 33309</b>	Mailing Address <b>500 WEST CYPRESS CREEK ROAD SUITE 270 FT. LAUDERDALE FL 33309</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>500 WEST CYPRESS ROAD</b>		2a. Mailing Address 26 <b>SAME</b>		3. Date Incorporated or Qualified <b>04/25/1994</b>	3a. Date of Last Report <b>03/22/1996</b>
22 Suite, Apt. #, etc. <b>SUITE 470</b>		27 Suite, Apt. #, etc. <b>SUITE 470</b>		4. FEI Number <b>65-0490015</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
23 City & State <b>FORT LAUDERDALE, FL</b>		28 City & State <b>SAME</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24 Zip <b>33309</b>		29 Zip <b>SAME</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
25 Country		30 Country		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**LAYSTROM, C. WILLIAM JR.  
1177 SOUTH EAST THIRD AVENUE  
FORT LAUDERDALE FL 33316**

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 re-instating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PST</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>SAME</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CHANEY, STEVE</b>	1.2 NAME	<b>SAME</b>
STREET ADDRESS	<b>500 WEST CYPRESS CREEK ROAD, SUITE 270</b>	1.3 STREET ADDRESS	<b>SAME</b>
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33309</b>	1.4 CITY-ST-ZIP	<b>SAME</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>SAME</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BENEDICT, BRIAN</b>	2.2 NAME	<b>SAME</b>
STREET ADDRESS	<b>500 WEST CYPRESS CREEK ROAD, SUITE 270</b>	2.3 STREET ADDRESS	<b>SAME</b>
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33309</b>	2.4 CITY-ST-ZIP	<b>SAME</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<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 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

*[Signature]*

*[Signature]*

*[Signature]*

CR2E034 (4/97)