


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

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90141 038 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000042473

1. Corporation Name
SIGNATURE MORTGAGE, INC.



Principal Place of Business 101 NW 72ND AVE PLANTATION FL 33317 US	Mailing Address P.O. BOX 17437 PLANTATION FL 33318 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 7200 Griffin Rd	2a. Mailing Address 26
Suite, Apt. #, etc. 22 Suite 3-B	Suite, Apt. #, etc. 27
City & State 23 DAVIE FL	City & State 28
Zip 24 33314 25 Country	Zip 29 Country 30

3. Date Incorporated or Qualified 06/08/1994	
4. FEI Number 65-0497578	Applied For <input type="checkbox"/> 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
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

MCARDLE, GEORGE E JR.
101 NW 72ND AVE
PLANTATION FL 33317

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
7200 GRIFFIN RD
 83 **Suite 3-B**
 84 City **DAVIE** FL 85 Zip Code **33314**

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		DELETED
TITLE	D	<input type="checkbox"/>
NAME	MCARDLE, GEORGE E JR.	
STREET ADDRESS	101 NW 72ND AVE	
CITY-ST-ZIP	PLANTATION-FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	7200 Griffin Rd		
1.3 STREET ADDRESS	Suite 3-B		
1.4 CITY-ST-ZIP	DAVIE FL 33314		
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
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 697, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *George E. McCardle* **REQUIRED** Date: 4/28/99 Daytime Phone #: (954) 584-9119

CR2E034 (11/98)