SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B Mortham

Secretary of State

DIVISION OF CORPORATIONS

<b>DOCUMENT</b>	#
1. Corporation Name	•

P94000053177 (9)

## FORUM MORTGAGE CORPORATION, INC.

Principal Place of Business Mailing Address		dross							
1839 SW 27TH MIAMI FL 3314	· · · · · · ·		1839 SW 27TH AVE MIAMI FL 33145						
miran 12 001	••	MINMI IL	33140			3. Date Incorporated or Qualified	3a. Date of		
						07/19/1994	06/16/	r in the first than the second	
	ace of Business	2a. Mailing	Address			4. FEI Number		Applied For	
21 Suite Ant #	l oto	26 Suito A	pt #, etc.			65-0505457		Not Applicable	
Suite, Apt #	r, etc	27 Suite, A	pr#, erc.			5. Certificate of Status Desired		<b>8.75</b> Additional Fee Required	
City & State		City & S	tale			6 Classics Constitution		······	
23		28	nate			6. Election Campaign Financing Trust Fund Contribution		55.00 May Be Added to Fees	
Zip	Country	Zip		Countr		8. This corporation has liability for	·····		
24	25	29	30	0		Florida Statutes	Yes No		
	9. Name and Address of Curre	···				10. Name and Address of New Re	gistered Agen	t	
HCI	RNANDEZ, HOSEY ESQ			81	Name				
	NIVANUEZ, NOSET ESU )1 S BAYSHORE DR. SUTIE 6	na		82	Street Add	fress (P.O. Box Number is Not Acceptan			
	AMI FL 33133	VC.		ا ا	S. Del Fidd		,		
MIN-	um 1 L 00 100			83					
1				84	City		85	Zip Code	
				04	City		FL   s	2.1p Gode	
office or re agent. I an	o the provisions of Sections 607.05 gistered agent, or both in the Stat in familiar with, and accept the obli	a of Florida. Such d	change was auth	horized by	the corporat	poration submits this statement for the paion's board of directors. Thereby accept	the appointme	nt as registered	
SIGNATURE _	Signature type due printed na suic l'impatement à	yant and tracif app -, it o	(NOTE )	Rogistered Ag	eral signatiane recy.	ared when reins' dog!	DATE		
12.	OFFICERS A	ND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFIC			
TITLE	DP	_	DELETE	1 I TITLE		DΛ		Change Addition	
NAME	FONTE, AUGUSTO			1.2 NAME					
STREET ADDRESS	ADDRESS 1839 SW 27TH AVE 1.3 ST		1.3 STREE	T ADDRESS					
CITY-ST-ZIP	MIAMI FL 33145	·	<del></del>	1.4 CITY -	ST - 71P				
THTLE	DV	L.	] DELETE	2 1 THTLE		DP		Change [_] Addition	
NAME	Moreno, Albert			2.2 NAME					
STREET ADDRESS	1839 SW 27TH AVE			23 STREF	T ADDRESS				
CITY-ST-ZIP	MIAMI FL 33145			2 4 CITY -	ST-ZIP				
TIFLE		L	DEFELE	3 1 TITLE			[] (	Change [] Addition	
NAME				3.2 NAME			•		
STREET ADDRESS					r address				
CITY - ST - ZIP	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<del></del>	T BOLETE	34 CITY-	ST-ZIP				
TITLE		L	_] DELETE	4 1 TITLE			□ (	Change Addition	
NAME				4 2 NAME					
STREET ADDRESS					T ADDRESS				
CITY-ST-ZIP		· · · · · · · · -	7 60 55	4.4 CITY -	ST-ZIP			66	
TITLE		L	DEFETE	5 1 Tille			□ (	Change Addition	
NAME				5 2 NAME					
STREET ADDRESS				1	T ADDRESS				
C(TY-ST-ZIP			T bolese	5 4 CHY-	S1 - ZIP		rr	o	
TITLE		L.	DELETE	61 THE				Change Addition	
NAME				6.2 NAME					
STREET ADDRESS					I ADORESS				
CITY-ST-ZIP				6 4 CITY -	ST-ZIP				

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 earth, that I am an officer or director of the comporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 it Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Mules to Morens
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

6-18-96 (305)860

Dagerte Phone P