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

PROFIT CORPORATION ANNUAL REPORT

1998

STREET ADDRESS

SIGNATURE:

14. Thereby certify that the information supp indicated on this annual report or extinct officer or director of the corporation or the Black 12 or Black 13 if changot, or on a

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

FILED

Jan 28 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400069144 (1)

CAPITAL HOME MORTGAGE CORPORATION

					<u>-</u>			
Principal Plac	e of Business	Mailing Address			•			
	ELAND BOULEVARD	9100 S. DADELAND BOULEVARD						
SUITE 1701 MIAMI FL 33156		SUITE 1701 MIAMI FL 33156				DO NOT WRITE IN THIS SPACE		
US		US				3. Date Incorporated or Qualified		
						09/20/1994		
2. Principal F	Place of Business	2a. Mailing Address				4. FEI Number	Apr	plied For
21		26				65-0522059	Not	t Applicable
Suite, Apt. #, etc.		Suite, Apt, #, etc.				5. Certificate of Status Desired	\$8.75 A	
22		27					Fee Red	
City & Stat	e	City & State				6. Election Campaign Financing	\$5.00 t	
Zip	Country	28	Co	untry		Trust Fund Contribution	Added to	
24	25	29	30	unay		 This corporation owes or has paid the Personal Property Tax due June 30. 		angibie] No
[24]	9. Name and Address of Curre		30			10. Name and Address of New Register		1110
Ril	TTAFUOCO, CHRISTOPHER R			81	Name			
1	00 S. DADELAND BOULEVARD			82	Ctroot Addr	race (P.O. Pay Number is Not Assentable)		
	ITE 1701			82	Street Addr	ess (P.O. Box Number is Not Acceptable)		
	AMI FL 33156			83				
]				84	04.		lor Franci	
					City	I.	=L 85 Zip C	
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statu	ites, the a	bove	-named corp	oration submits this statement for the purposion's board of directors. I hereby accept the	e of changing its	registered
agent. I a	m familiar with, and accept the oblig	ations of, Section 607.0505, F	lorida Sta	tutes.	ine corporati	ions boding or directors. Thereby accept the	appositivent as i	ogistorea
SIGNATURE								<u></u>
	Signature, typed or printed name of registered ag			d Agen	nt signature requir	ed when reinstating) DAT		2 IN 1 4 0
12.	PDS OFFICERS AN	ID DIRECTORS DELETE	13.	IT! C		ADDITIONS/CHANGES TO OFFICERS	Change	Addition
TITLE NAME	BUTTAFUOCO, CHRISTOPHI		1.1 T 1.2 N				L Crange	Audition
	8230 SW 63RD PL	in n			ADDRESS.			
STREET ADDRESS	MIAMI FL		1		ADDRESS			
CITY-ST-ZIP	IMPAINI F.C.	DELETE	1,4 CITY-ST-		- 219		Change	Addition
NAME	ļ		1	2.2 NAME			Change	E Addition
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP								
TITLE	DELETE			2, 4 GITY-ST-ZIP 3,1 TITLE			Change	Addition
NAME			3.2 N		ľ			
STREET ADDRESS				-	ADDRESS			
CITY-ST-ZIP				ITY-ST				
TITLE	† · · · · · · · · · · · · · · · · · · ·			4.1 TITLE			☐ Change	Addition
NAME			4 2 1	NAME				
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP			- 1	ITY-ST-	ľ			
TITLE			5,1 TI				☐ Change	Addition
NAME		_	5.2 N	AME			-	
STREET ADDRESS			1		ADDRESS			
CITY-SY-ZIP			ŀ	ITY-ST				
TITLE		DELETE	6.1 Ti				Change	Addition
NAME			6,2 N				ŭ	

6.3 STREET ADDRESS

does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information out is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an ee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

6.4 CITY-ST-ZIP