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

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Lam an officer or directo

SIGNATURE:

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # P95000032558 (5)

FLORIDA RESIDENTIAL MORTGAGE CORP.

Mailing Address Principal Place of Business 2006 S. FEDERAL HIGHWAY 2005 S. FEDERAL HIGHWAY FT. LAUDERDALE FL 33316 FT. LAUDERDALE FL 33316-3546 3. Date Incorporated or Qualified 3a. Date of Last Report 04/26/1995 12/26/1996 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 65-0574450 21 26 Not Applicable Suite Apt # etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Zip $Z_{\rm ID}$ Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 30 25 29 Florida Statutes 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name DI MARCO, DARLENE 77 SOUTH BIRCH ROAD Street Address (P.O. Box Number is Not Acceptable) #11B 83 FT. LAUDERDALE FL 33316 City Zip Code 7.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered \$4.50,000,000,000, Florida Statutes. 11. Pursuant to the or Sections 607 050 office or register both, in the Stat agent. Lam tan (96/6) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Addition Change 1.1 TITLE TITLE DI MARCO, DARLENE NAME 1.2 NAME 77 SOUTH BIRCH ROAD, #11B STHEET ACCRESS 1.3 STREET ADORESS FT. LAUDERDALE FL 33316 1.4 CITY-ST-ZIP C. Ir · S - 792 DELETE Change Addition 2.1 TITLE THILE MCCONNVILLE, JAMES 2.2 NAME NAME 77 SOUTH BIRCH ROAD, #11B 2.3 STREET ADDRESS STREET AUDIFESS FT. LAUDERDALE FL 33316 CITY - ST - ZIP 2. 4 CiTY-ST-ZiP DELETE Addition 3.1 TOTLE Change HU 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP City-SI-7-P DELETE Change Addition 4.1 TITLE LILE 4.2 NAME 4.3 STREET ADDRESS STEELE LADORESS 4.4 CITY - ST-ZIP CHT-ST ZIP DELETE Change Addition 5.1 TITLE TELF 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP C(1Y - 51 - 7)P DELETE Addition 6.1 TITLE Change TITLE 6.2 NAME NAVE 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 14. I do hereby certify that the information indicated on this annual ion supplied with this filing obes not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the

Lial report is true and accurate and that my signature shall have the same legal effect as if made under path; that ustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name

Daytime Phone # nonesas

FILED May 15 1997 8:00am Secretary of State