

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

FILED

May 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000056952 (1)

1. Corporation Name
MASTER MORTGAGE, INC.



Principal Place of Business 2121 PONCE DE LEON STE 1035 CORAL GABLES FL 33134	Mailing Address 2121 PONCE DE LEON STE 1035 CORAL GABLES FL 33134-5210
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3. Date Incorporated or Qualified 07/24/1995	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21 9311 College Parkway Suite Apt. #, etc. 22 Suite 1 City & State 23 Ft. Myers, Florida Zip 24 33919	2a. Mailing Address 26 9311 College Parkway Suite Apt. #, etc. 27 Suite 1 City & State 28 Ft. Myers, Florida Zip 29 33919	Country 25 USA 30 USA
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4. FEI Number 65-0603521	Applied For 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent TRUXTON, GREGG S ESQ 2121 PONCE DE LEON STE 1035 CORAL GABLES FL 33134	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83 Suite 600	
84 City	FL 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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	DPC <input type="checkbox"/> DELETE
NAME	BUIGAS, OJ
STREET ADDRESS	9311 COLLEGE PKWY STE 1
CITY-ST-ZIP	FT. MYERS FL 33919
TITLE	VST <input type="checkbox"/> DELETE
NAME	WAITE, ROBERT
STREET ADDRESS	9311 COLLEGE PKWY STE 1
CITY-ST-ZIP	FT. MYERS FL 33919
TITLE	EV <input type="checkbox"/> DELETE
NAME	BAUM, HOWARD
STREET ADDRESS	9311 COLLEGE PKWY STE 1
CITY-ST-ZIP	FT. MYERS FL 33919
TITLE	V <input checked="" type="checkbox"/> DELETE
NAME	SCHWANTES, JOSEPH C
STREET ADDRESS	9311 COLLEGE PKWY STE 1
CITY-ST-ZIP	FT. MYERS FL 33919
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Pearson, Michelle
4.3 STREET ADDRESS	9311 College Parkway, Suite 1
4.4 CITY-ST-ZIP	Ft. Myers, FL 33919
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Robert Waite
Date: 4-24-97 (941) 433-2323
Daytime Phone: _____

CR2E034 (9/96)