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**May 06 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000004873 (1)

1. Corporation Name
SC MORTGAGE CORPORATION



Principal Place of Business

Mailing Address

~~1220 BRICKELL AVENUE STE 2500 MIAMI FL 33134~~

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2. Principal Place of Business

2a. Mailing Address

21 **550 Biltmore Way**

26 **550 Biltmore Way**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Suite 700**

27 **Suite 700**

City & State

City & State

23 **Coral Gables, Florida**

28 **Coral Gables, Florida**

Zip

Country

Zip

Country

24 **33134**

25 **Dade**

29 **33134**

30 **Dade**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FORD, EARLINE G
1220 BRICKELL AVENUE STE 2500
MIAMI FL 33134**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

550 Biltmore Way

83

Suite 700

84

Coral Gables,

FL

85

Zip Code 33134

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
	D FORD, EARLINE G	1220 BRICKELL AVENUE STE 2500 MIAMI FL 33134		<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
	D S, T, and V	550 Biltmore Way, Suite 700	Coral Gables, Florida 33134	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	C STUZIN, CHARLES B.	550 Biltmore Way, Suite 700	Coral Gables, Florida 33134	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	P CAMNER, ALFRED R.	550 Biltmore Way, Suite 700	Coral Gables, FL 33134	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	V NEDBOR, NIKKI	550 Biltmore Way, Suite 700	Coral Gables, FL 33134	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Nikki Nedbor*

CR2E034 (9/96)