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

Mailing Address

5212 ROOSEVELT STREET

HOLLYWOOD FL 33021-3942

PROFIT CORPORATION ANNUAL REPORT **1997**

Principal Place of Business

5212 ROOSEVELT STREET

HOLLYWOOD FL 33021

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000029311 (3)

ARROWSMITH MORTGAGE COMPANY

03/29/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0657380 21 4700 SHERIDAN ST 26 Not Applicable Suite, Apt #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired BLDG-I Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be HOLLYWOOD 28 Trust Fund Contribution Added to Fees Country 8. This corporation has liability for intangible tax under s. 199.032, u.s. 25 30 Florida Statutes Yes No 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name KRASNER, STEVEN **5212 ROOSEVELT STREET** 82 Street Address (P.O. Box Number is Not Acceptable) HOLLYWOOD FL 33021 83 84 City 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, and accept the obligations of, Section 607.0505, Florida Statutes. (NOTE: Registered Agent signature required when reinstating) Signature, typest or printed hame of registered agent and title it applicable DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 __ DELETE TITLE 11 TITLE Change Addition KRASNER, STEVEN NAME 12 NAME 5212 ROOSEVELT STREET STREET ADDRESS 13 STREET ADDRESS HOLLYWOOD FL 33021 City ST 2H 14 CITY-ST-ZIP DELETE HILLE 21 TITLE Change Addition 22 NAME STREET ADORESS 23 STREET ADDRESS CHY-S1-20 2 4 City-ST-ZIP TITLE DELETE Change Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CHY-\$1-7IP 3 4. CITY - ST - ZIP DELETE 41 TITLE Addition THRE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CHY-\$1-201 4.4 CITY-ST-ZIP DELETE TIFEE Change Addition 51 TITLE NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY ST-ZIL 54 CITY-ST-ZIP DELETE TITLE 61 TITLE Change Addition NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS CHY-ST-202 64 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 chapted, or on an attachment with an address.

STEVEN KRASNOR

SIGNATURE AND TYPES OF PRINTED NAME OF BIGNI

FILED
Apr 23 1997 8:00an
Secretary of State

3a. Date of Last Report



3. Date Incorporated or Qualified