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Feb 25 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 # P96000031816 (7)

1. Corporation Name

THE MERIDIAN GROUP OF MORTGAGE BROKERS, INC.



Principal Place of Business

4013 WOODSIDE DRIVE
CORAL SPRINGS FL 33065

Mailing Address

P.O. BOX 8715
CORAL SPRINGS FL 33075-8715

2. Principal Place of Business

21 Suite Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

04/08/1996

3a. Date of Last Report

N/A

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

Trust Fund Contribution

Yes No

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

HITCHINS, DESMOND
4013 WOODSIDE DRIVE
CORAL SPRINGS FL 33065

10. Name and Address of New Registered Agent

81 Name

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

83

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

12.1 TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PST
BROWN, KEITH
4013 WOODSIDE DRIVE
CORAL SPRINGS FL 33065

12.2 TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12.3 TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12.4 TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12.5 TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12.6 TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE
13.2 NAME
13.3 STREET ADDRESS
13.4 CITY-ST-ZIP
Keith Brown
4013 Woodside Drive
Coral Springs FL 33065

13.5 TITLE
13.6 NAME
13.7 STREET ADDRESS
13.8 CITY-ST-ZIP

13.9 TITLE
13.10 NAME
13.11 STREET ADDRESS
13.12 CITY-ST-ZIP

13.13 TITLE
13.14 NAME
13.15 STREET ADDRESS
13.16 CITY-ST-ZIP

13.17 TITLE
13.18 NAME
13.19 STREET ADDRESS
13.20 CITY-ST-ZIP

13.21 TITLE
13.22 NAME
13.23 STREET ADDRESS
13.24 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 a address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2. 2097 344. 2835

CR2E034 (9/96)