

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 02 1997 8:00am
Secretary of State

DOCUMENT # P96000037120 (8)
1. Corporation Name
SOUTH FLORIDA MORTGAGE NETWORK CORPORATION



Principal Place of Business
8320 N.W. 54TH COURT
SUNRISE FL 33351

Mailing Address
8320 N.W. 54TH COURT
SUNRISE FL 33351-4943

3. Date Incorporated or Qualified 04/25/1996	3a. Date of Last Report N/A
4. FEI Number 65-0671402	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	

2. Principal Place of Business 21 4851 NW 103rd Avenue Suite, Apt. #, etc. 22 Suite 44F City & State 23 Sunrise, FL Zip 24 33351	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Broward Country 30
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9. Name and Address of Current Registered Agent MAGGS, KEVIN A 8320 N.W. 54TH COURT SUNRISE FL 33351	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
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	
NAME	MAGGS, KEVIN A	12 NAME	
STREET ADDRESS	8320 N.W. 54TH COURT	13 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL 33351	14 CITY-ST-ZIP	
TITLE	STD	21 TITLE	
NAME	MAGGS, ANGELA C	22 NAME	
STREET ADDRESS	8320 N.W. 54TH COURT	23 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL 33351	24 CITY-ST-ZIP	
TITLE		31 TITLE	
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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 19 if changed, or on an attachment with an address.

SIGNATURE: _____ Kevin A. Maggs / Pres: 55407165 / 4633200000

CR2E034 (9/96)