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Feb 12 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 # P96000043046 (7)

1. Corporation Name
FIRST RELIANCE MORTGAGE, INC.



Principal Place of Business
13 CARRIAGE LANE
ENGLISHTOWN NJ 07726

Mailing Address
13 CARRIAGE LANE
ENGLISHTOWN NJ 07726-1633

3. Date Incorporated or Qualified
05/20/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 6550 N. Federal Hwy.

26 6550 N. Federal Hwy.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 240

27 Suite 240

City & State

City & State

23 Ft. Lauderdale, FL

28 Ft. Lauderdale, FL

Zip

Country

Zip

Country

24 33308

25 USA

29 33308

30 USA

4. FEI Number
65-0668193

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

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

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BROGAN, FRANCIS B JR
515 EAST LAS OLAS BLVD. #1500
FORT LAUDERDALE FL 33301

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
D AVELLINO, THOMAS J
13 CARRIAGE LANE
ENGLISHTOWN NJ 07726
CITY - ST - ZIP

DELETE

TITLE
NAME
D EISEN, DAVID
13 CARRIAGE LANE
ENGLISHTOWN NJ 07726
CITY - ST - ZIP

DELETE

TITLE
NAME
D DIMURA, RON
13 CARRIAGE LANE
ENGLISHTOWN NJ 07726
CITY - ST - ZIP

DELETE

TITLE
NAME
CITY - ST - ZIP

DELETE

TITLE
NAME
CITY - ST - ZIP

DELETE

TITLE
NAME
CITY - ST - ZIP

DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

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]* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-597 (954) 938-7274

Date Daytime Phone #

CR2E034 (9/96)