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PROFIT CORPORATION ANNUAL REPORT

1997

STREET ADDRESS

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

May 07 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000078936 (7)

FINANCIAL MORTGAGE GROUP, INC.

Principal Place of Business Mailing Address C/O ROGER J. WILSON C/O ROGER J. WILSON 4 S.E. 6TH AVE. 4 S.E. 6TH AVE. DELRAY BEACH FL 33483-5314 DELRAY BEACH FL 33483 3. Date Incorporated or Qualified 3a. Date of Last Report 09/23/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0693948 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 Added to Fees 28 Zip Country Zip Country This corporation has liability for intangible tax under s. 199.032, 30 Florida Statutes Yes X No 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name WILLSON, BARBARA 4 S.E. 6TH AVE. 82 Street Address (P.O. Box Number is Not Acceptable) DELRAY BEACH FL 33483 **B3** 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. 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 OFFICERS AND DIRECTORS 13. (96/6) DELETE Change Addition 1.1 TITLE THEF WILLSON, ROGER NAME 1.2 NAME 2345 N.E. 27TH ST. 1.3 STREET ADDRESS STREET ADDIRESS LIGHTHOUSE POINT FL 33064 1.4 CITY-ST-ZIP CITY- \$1-7IF DELETE Change Addition THE 21 TITLE 22 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CHY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CHY-S1-ZIP 3.4. CITY - ST-ZIP DELETE Change Addition 4.1 TITLE Till, F 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 City-St-ZiP CI** - ST - ZIP DELETE Change Addition 51 TITLE THE 52 NAME NAM: STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIF DELETE Addition Change TITLE 6.1 TITLE 6.2 NAME NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

information inclicated 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 efficer 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

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