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Apr 09 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Moynihan Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000105845 (6)

1. Corporation Name
ALLEN MORTGAGE (FL), INC.

Principal Place of Business
3161 NW 47TH TERR
LAUDERDALE LAKES FL 33319

Mailing Address
3161 NW 47TH TERR
LAUDERDALE LAKES FL 33319



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 4400 N. Federal Highway Suite, Apt. #, etc. Suite 210 City & State Boca Raton, FL Zip 33431 Country USA		2a. Mailing Address 27 26 South Church St. Suite, Apt. #, etc. City & State West Chester, PA Zip 19382 Country USA		3. Date Incorporated or Qualified 12/16/1997	
				4. FEI Number 23-2941415	
				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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No *	

9. Name and Address of Current Registered Agent SHAPIRO & DECTOR, P.A. 777 GLADES ROAD, STE 200 BOCA RATON FL 33434				10. Name and Address of New Registered Agent 81 Name * Corporation owned no intangible 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 607.0507 and 607.0508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, 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 *Allen O. Olim* *Allen O. Olim, President* *4/2/98*
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	D	1.1 TITLE	
NAME	OLIN, ALLEN O	1.2 NAME	
STREET ADDRESS	26 S CHURCH STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	WEST CHESTER PA 19381-0356	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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: *Allen O. Olim* *Allen O. Olim* *4/2/98* *(610)696-3030*

CR2E034 (10/97)