

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

FILED
May 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 # S69200 (1)

1. Corporation Name

FIRST BREVARD MORTGAGE CORPORATION

Principal Place of Business
3534 N. HARBOR CITY BLVD
MELBOURNE FL 32935

Mailing Address
3434 N HARBOR CITY BLVD
MELBOURNE FL 32935-5743
US

3. Date Incorporated or Qualified 07/24/1991	3a. Date of Last Report 05/01/1996
4. FEI Number 59-3074441	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" 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 type="checkbox"/> No	

2. Principal Place of Business 21 5190 N U.S. 1 Suite, Apt. #, etc.	2a. Mailing Address 26 P.O. BOX 362083 Suite, Apt. #, etc.
22 City & State 23 COCOA, FLORIDA	27 City & State 28 MELBOURNE, FLORIDA
24 Zip 32937	29 Zip 32936
Country	Country

9. Name and Address of Current Registered Agent

FEKANY, LEE
9534 N. HARBOR CITY BLVD.
SUITE-101--
MELBOURNE FL-32935--

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 319 RIVEREDGE BLVD
83 STE 218
84 City COCOA, FL
85 Zip Code 32922

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]

4-22-97

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 PD	<input type="checkbox"/> DELETE	1.1 TITLE PSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FEKANY, LEE		1.2 NAME	
STREET ADDRESS 3534 N HARBOR CITY BLVD		1.3 STREET ADDRESS 5190 N U.S. 1	
CITY - ST - ZIP MELBOURNE FL		1.4 CITY - ST - ZIP COCOA, FLORIDA 32927	
TITLE VD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TENSLEY, KEVIN		2.2 NAME	
STREET ADDRESS 3534 N HARBOR CITY BLVD		2.3 STREET ADDRESS	
CITY - ST - ZIP MELBOURNE FL		2.4 CITY - ST - ZIP	
TITLE TSD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TENSLEY, MARY ANN		3.2 NAME	
STREET ADDRESS 3534 N HARBOR CITY BLVD		3.3 STREET ADDRESS	
CITY - ST - ZIP MELBOURNE FL		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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] FEKANY

4-22-97

Date

Daytime Phone #

CR2E034 (9/96)