SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

APPROVED AND FILED
1996 NOV 12 AM 9:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V09427 (8)

1. Corporation Name
BROKER'S MORTGAGE EXCHANGE, INC.

REINSTATEMENT

Principal Place of Business	Mailing Address
621 NW 53RD ST. SUITE 395 BOCA RATON FL 33487	621 NW 53RD ST. SUITE 395 BOCA RATON FL 33487

3. Date Incorporated or Qualified: 01/22/1992
3a. Date of Last Report: 09/26/1995
4. FEI Number: 65-0306124 — Applied For / Not Applicable
5. Certificate of Status Desired [X] — $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 [X] No

2. Principal Place of Business	2a. Mailing Address
21 551 NW 77th St.	26 551 NW 77th St.
Suite, Apt. #, etc. 22 Suite 212	Suite, Apt. #, etc. 27 Suite 212
City & State 23 Boca Raton, Florida	City & State 28 Boca Raton, Florida
Zip 24 33487 Country 25 USA	Zip 29 33487 Country 30 USA

9. **Name and Address of Current Registered Agent**
SMITH, CRAIG G.
10678 SANTA LAGUNA DR.
BOCA RATON FL 33428

10. **Name and Address of New Registered Agent**
81 Name: Craig G. Smith
82 Street Address (P.O. Box Number is Not Acceptable): 551 NW 77th St. Suite 212
83 Boca Raton, Florida
84 City: FL 85 Zip Code: 33487

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] 10/22/96
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	PST	[ ] DELETE	1.1 TITLE	President — [ ] Change [X] Addition
NAME	SMITH, CRAIG G.		1.2 NAME	Paul Aguirre
STREET ADDRESS	10678 SANTA LAGUNA DR.		1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY-ST-ZIP	Boca Raton, Florida, 33487
TITLE	V	[X] DELETE	2.1 TITLE	Vice President — [X] Change [ ] Addition
NAME	WILLIAMS, TEMPLE		2.2 NAME	Craig Smith
STREET ADDRESS	3755 MYKONAS COURT		2.3 STREET ADDRESS	10678 Santa Laguna Dr.
CITY-ST-ZIP	BOCA RATON FL 33487		2.4 CITY-ST-ZIP	Boca Raton, Fl., 33487
TITLE		[ ] DELETE	3.1 TITLE	[ ] Change [ ] Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		[ ] DELETE	4.1 TITLE	[ ] Change [ ] Addition
NAME			4.2 NAME	300002010373--2
STREET ADDRESS			4.3 STREET ADDRESS	-11/20/96--01115--005
CITY-ST-ZIP			4.4 CITY-ST-ZIP	****408.75 ****408.75
TITLE		[ ] DELETE	5.1 TITLE	[ ] Change [ ] Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		[ ] DELETE	6.1 TITLE	[ ] Change [ ] 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 10/22/96 561-998-8671
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/96)