

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

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Apr 21 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # V17046 (6)**  
 1. Corporation Name  
**EAGLE FIRST MORTGAGE INC.**



Principal Place of Business <b>1601 N PALM AVE</b> <b>STE 300</b> <b>PEMBROKE PINES FL 33026</b> <b>US</b>	Mailing Address <b>1601 N PALM AVE</b> <b>STE 300</b> <b>PEMBROKE PINES FL 33026-3242</b> <b>US</b>
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2. Principal Place of Business <b>701 Promenade Dr</b> Suite, Apt. #, etc. <b>102</b> City & State <b>Pembroke Pines FL</b> Zip <b>33026</b>		2a. Mailing Address <b>701 Promenade Drive</b> Suite, Apt. #, etc. <b>102</b> City & State <b>Pembroke Pines FL</b> Zip <b>33026</b>		3. Date Incorporated or Qualified <b>02/24/1992</b>	3a. Date of Last Report <b>06/05/1996</b>
4. FEI Number <b>65-0309593</b>		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>PATTERSON, ELAINE</b> <b>1601 N PALM AVE</b> <b>PEMBROKE PINES FL 33026</b>				10. Name and Address of New Registered Agent B1 Name <b>Elaine Patterson</b> B2 Street Address (P.O. Box Number is Not Acceptable) <b>701 Promenade Dr.</b> B3 <b># 102</b> B4 City <b>Pembroke Pines</b> <b>FL</b> B5 Zip Code <b>33026</b>			
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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 *Elaine Patterson* **Elaine Patterson** **4/9/97**  
 Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>DP</b>	NAME <b>PATTERSON, ELAINE</b>	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>3621 WASHINGTON AVE</b>	CITY-ST-ZIP <b>COOPER CITY FL</b>	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 *Elaine Patterson* **Elaine Patterson** **4/9/97**  
 Signature, typed or printed name of registered agent and title, if applicable.

CR2E034 (9/96)