

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Sep 30 1998 8:00am  
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # F96000002801 (6)  
 1. Corporation Name  
**CHAPEL MORTGAGE CORPORATION**



Principal Place of Business: 315 MAIN ST, RANCOCAS NJ 08073  
 Mailing Address: 315 MAIN ST, RANCOCAS NJ 08073

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21-24)  
 2a. Mailing Address (26-30)

3. Date Incorporated or Qualified: 06/05/1996  
 4. FEI Number: 22-3097253  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
 6. Election Campaign Financing:  \$5.00 May Be Added to Fees  
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No **Not Required**

9. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent (81-85)

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: DC	[ ] DELETE	1.1 TITLE: D	[ ] Change [x] Addition
NAME: BURKE, JAMES J SR		1.2 NAME: Burke, Thomas J.	
STREET ADDRESS: 315 MAIN ST		1.3 STREET ADDRESS: 315 Main Street	
CITY-ST-ZIP: RANCOCAS NJ 08073		1.4 CITY-ST-ZIP: Rancocas, NJ 08073	
TITLE: DP	[ ] DELETE	2.1 TITLE:	[ ] Change [ ] Addition
NAME: ARBOGAST, RICHARD J		2.2 NAME:	
STREET ADDRESS: 315 MAIN ST		2.3 STREET ADDRESS:	
CITY-ST-ZIP: RANCOCAS NJ 08073		2.4 CITY-ST-ZIP:	
TITLE: DS	[ ] DELETE	3.1 TITLE: D	[x] Change [ ] Addition
NAME: CLARK, ANNE E		3.2 NAME: Clark, Anne E.	
STREET ADDRESS: 315 MAIN ST		3.3 STREET ADDRESS: 315 Main Street	
CITY-ST-ZIP: RANCOCAS NJ 08073		3.4 CITY-ST-ZIP: Rancocas, NJ 08073	
TITLE: V	[ ] DELETE	4.1 TITLE:	[ ] Change [ ] Addition
NAME: ERCOLANI, RICHARD C		4.2 NAME:	
STREET ADDRESS: 315 MAIN ST		4.3 STREET ADDRESS:	
CITY-ST-ZIP: RANCOCAS NJ 08073		4.4 CITY-ST-ZIP:	
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 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: \_\_\_\_\_ 9/18/98 (609) 265-8200

CR2E034 (5/98)