


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

**FILED**

**May 19 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> , Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 527908 (8)**  
 1. Corporation Name  
**ALLIANCE MORTGAGE COMPANY**



Principal Place of Business <b>4500 SALISBURY RD. JACKSONVILLE FL 32216</b>	Mailing Address <b>P.O. BOX 2109 JACKSONVILLE FL 32232-0001</b>
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3. Date Incorporated or Qualified <b>03/11/1977</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>59-1724879</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> 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	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent  
**HANSON, KARL B JR.  
 50 NORTH LAURA STREET  
 SUITE 2800  
 JACKSONVILLE FL 32202**

10. Name and Address of New Registered Agent

81. Name <b>Sylvia Armsby - VP Alliance Mortgage Co.</b>
82. Street Address (P.O. Box Number is Not Acceptable) <b>4500 Salisbury Road</b>
83. City <b>Jacksonville</b>
84. State <b>FL</b>
85. Zip Code <b>32216</b>

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]* **Sylvia Armsby, Vice President** 5-12-97  
 (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>POED</b>	<input type="checkbox"/> DELETE
NAME	<b>MEEKS, GARY</b>	
STREET ADDRESS	<b>4500 SALISBURY ROAD</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>MEEKS, GARY A</b>	
STREET ADDRESS	<b>4500 SALISBURY ROAD</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>HICKS, DAVID M</b>	
STREET ADDRESS	<b>4500 SALISBURY ROAD</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	
TITLE	<b>EVP</b>	<input type="checkbox"/> DELETE
NAME	<b>TROUT, RALPH W</b>	
STREET ADDRESS	<b>4500 SALISBURY RD</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	
TITLE	<b>EVP</b>	<input type="checkbox"/> DELETE
NAME	<b>ENNIS, DAVID C.</b>	
STREET ADDRESS	<b>4500 SALISBURY RD</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32216</b>	
TITLE	<b>EVPD</b>	<input type="checkbox"/> DELETE
NAME	<b>CLEMENTS, ROBERT M</b>	
STREET ADDRESS	<b>4500 SALISBURY RD</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>Chairman &amp; CEO, Director</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Gary A Meeks</b>	
1.3 STREET ADDRESS	<b>same address</b>	
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	<b>Pres, Director</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>Robert Clements</b>	
6.3 STREET ADDRESS	<b>same address</b>	
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]* **Roberta Shevlin, SVP** 2/12/97 904 281-6000

CR2E034 (9/96)