

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

FILED
Apr 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
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DOCUMENT # 527908 (8)

1. Corporation Name
ALLIANCE MORTGAGE COMPANY



Principal Place of Business 4500 SALISBURY RD. JACKSONVILLE FL 32216	Mailing Address P.O. BOX 2109 JACKSONVILLE FL 32232
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26	4500 Salisbury Road	03/11/1977	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				59-1724879	
22. City & State		27. Attn: Amy Stockwell		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. Zip		28. Jacksonville, FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Country		29. 32216		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
25. Country		30. USA			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ARMSBY, SYLVIA 4500 SALISBURY RD SUITE 2800 JACKSONVILLE FL 32216				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83.			
				84. City FL 85. Zip Code			

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	PCED	<input type="checkbox"/> DELETE	1.1 TITLE	C/CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEEKS, GARY		1.2 NAME		
STREET ADDRESS	4500 SALISBURY ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	EVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MEEKS, GARY A		2.2 NAME	Koster, Michael C.	
STREET ADDRESS	4500 SALISBURY ROAD		2.3 STREET ADDRESS	4500 Salisbury Road	
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP	Jacksonville, FL	
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HICKS, DAVID M		3.2 NAME	1725 Memorial Park Drive	
STREET ADDRESS	4500 SALISBURY ROAD		3.3 STREET ADDRESS	Jacksonville, FL	
CITY-ST-ZIP	JACKSONVILLE FL		3.4 CITY-ST-ZIP		
TITLE	EVP	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	EVP/CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TROUT, RALPH W		4.2 NAME	Matheson, Stephen B.	
STREET ADDRESS	4500 SALISBURY RD		4.3 STREET ADDRESS	4500 Salisbury Road	
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY-ST-ZIP	Jacksonville, FL	
TITLE	EVP	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ENNIS, DAVID C.		5.2 NAME	Blaquiere, Monica H.	
STREET ADDRESS	4500 SALISBURY RD		5.3 STREET ADDRESS	4500 Salibury Road	
CITY-ST-ZIP	JACKSONVILLE FL 32216		5.4 CITY-ST-ZIP	Jacksonville, FL	
TITLE	EVPO	<input type="checkbox"/> DELETE	6.1 TITLE	P/D/COO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLEMENTS, ROBERT M		6.2 NAME		
STREET ADDRESS	4500 SALISBURY RD		6.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		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.

Monica H. Blaquiere

CFR2034 (10/97)

ALLIANCE MORTGAGE COMPANY

PRINCIPAL OFFICERS AND DIRECTORS

NAME	TITLE	HOME ADDRESS	BUSINESS ADDRESS
Gary A. Meeks	Chairman, CEO and Director	8132 Middle Fork Lane Jacksonville, Florida 32256	4500 Salisbury Road Jacksonville, Florida 32216
Robert M. Clements	President, COO and Director	3671 Richmond Street Jacksonville, Florida 32205	4500 Salisbury Road Jacksonville, Florida 32216
Stephen B. Matheson	Executive Vice President and CFO	8240 Wallingford Hills Lane Jacksonville, FL 32256	4500 Salisbury Road Jacksonville, Florida 32216
Michael C. Koster	Executive Vice President	1224 Society Court Jacksonville, Florida 32223	4500 Salisbury Road Jacksonville, Florida 32216
David M. Hicks	Director	4705 Ortega Boulevard Jacksonville, Florida 32210	1725 Memorial Park Drive Jacksonville, Florida 32204
Monica H. Blaquiere	Vice President Secretary/Treasurer	5831 Long Cove Drive Jacksonville, Florida 32222	4500 Salisbury Road Jacksonville, Florida 32216