

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

**FILED**  
**Mar 17, 1999 8:00 am**  
**Secretary of State**

03-17-1999 90128 019 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 527908**  
 1. Corporation Name  
**ALLIANCE MORTGAGE COMPANY**



Principal Place of Business 4500 SALISBURY RD. JACKSONVILLE FL 32216	Mailing Address 4500 SALISBURY ROAD ATTN: AMY STOCKWELL JACKSONVILLE FL 32216 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 8100 Nations Way Suite, Apt. #, etc. 22 City & State 23 Jacksonville, Florida Zip Country 24 32256 25 Duval	2a. Mailing Address 26 8100 Nations Way Suite, Apt. #, etc. 27 Attn: Linda Knight City & State 28 Jacksonville, Florida Zip Country 29 32256 30 Duval
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3. Date Incorporated or Qualified 03/11/1977	4. FEI Number 59-1724879	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent  
**ROBERTS, ANGIE B**  
**4500 SALISBURY RD**  
**JACKSONVILLE FL 32216**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P O. Box Number is Not Acceptable)	8100 Nations Way
83	
84 City	Jacksonville
85 Zip Code	FL 32256

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

TITLE	CCEO	<input type="checkbox"/> DELETE
NAME	MEEKS, GARY	
STREET ADDRESS	4500 SALISBURY ROAD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	EVP	<input type="checkbox"/> DELETE
NAME	KOSTER, MICHAEL C	
STREET ADDRESS	4500 SALISBURY ROAD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HICKS, DAVID M	
STREET ADDRESS	1725 MEMORIAL PARK DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	EVPC	<input type="checkbox"/> DELETE
NAME	MATHESON, STEPHEN B	
STREET ADDRESS	4500 SALISBURY RD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	BLAQUIERE, MONICA H.	
STREET ADDRESS	4500 SALISBURY RD	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE	PDCO	<input type="checkbox"/> DELETE
NAME	CLEMENTS, ROBERT M	
STREET ADDRESS	4500 SALISBURY RD	
CITY-ST-ZIP	JACKSONVILLE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	President, CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Director	
13 STREET ADDRESS	8100 Nations Way	
14 CITY-ST-ZIP	Jacksonville, FL 32256	
21 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS	8100 Nations Way	
24 CITY-ST-ZIP	Jacksonville, FL 32256	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS	8100 Nations Way	
44 CITY-ST-ZIP	Jacksonville, FL 32256	
51 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	Blaguiere, Monica H.	
53 STREET ADDRESS	8100 Nations Way	
54 CITY-ST-ZIP	Jacksonville, FL 32256	
61 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS	8100 Nations Way	
64 CITY-ST-ZIP	Jacksonville, FL 32256	

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, with all other like empowered

SIGNATURE:  3/15/99 904 281-6430  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
 Stephen B. Matheson, EVP and CEO

CR2E034 (1/1/98)