

FILE ON OR BEFORE APRIL 9, 1997 TO AVOID REVOCATION AND \$500 PENALTY FEE

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



LIMITED PARTNERSHIP
ANNUAL REPORT
1997

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

1. Name of Limited Partnership
COLLATERAL MORTGAGE, LTD.

1a. DOCUMENT #
A23786



Mailing Address
1900 CRESTWOOD BLVD.
BIRMINGHAM AL 35210

Principal Office Address
1900 CRESTWOOD BLVD.
BIRMINGHAM AL 35210

2. Mailing Address
Collateral Mortgage, Ltd./Licensing

2a. Principal Office Address

Suite, Apt. #, etc.
1900 Crestwood Boulevard

City & State
Birmingham, AL

Zip
35210

Country

3. Date Formed or Registered
12/12/1986

3a. Date of Last Report
02/26/1996

4. State or Country of Formation
AL

5a. Capital Contributions as Shown on record.
\$300,000.00

5b. Amount of Capital Contributions in FLORIDA to date.
76,540.46

6. FEI Number
63-0925217

7. Certificate of Status Desired
 \$8.75 Additional Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

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

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number)
938802167568--3

Suite, Apt. #, etc.
-05/06/97--01076--007

City
FL

Zip Code
***1050.00 ***1050.00

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, 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 its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

| 11. Name(s) of General Partner(s) | 11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) | 11b. City, State & Zip Code | 11c. Registration/ Document Number |
|-----------------------------------|---|-----------------------------|------------------------------------|
| COLLAT, INC. | 1900 CRESTWOOD BLVD. | BIRMINGHAM AL | P12314 |

REINSTATEMENT

97- CM
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Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE William T. Ratliff, III DATE 4-24-97
William T. Ratliff, III, Colmat, Inc.
Corporate General Partner of Collateral Mortgage Ltd. Telephone Number (205) 951-4001

CR2E003 (11/96)