



**FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT
TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP ANNUAL REPORT 1998		 <p>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</p>		<p>FILED 97 SEP 23 PM 1:50 SECRETARY OF STATE TALLAHASSEE, FLORIDA</p> 	
1. Name of Limited Partnership HOME MORTGAGES OF THE PALM BEACHES, LTD.		1a. DOCUMENT # A93000000818			
Mailing Address 4500 PGA BOULEVARD, SUITE 301 PALM BEACH GARDENS FL 33418		Principal Office Address 4500 PGA BOULEVARD, SUITE 301 PALM BEACH GARDENS FL 33418		3. Date Formed or Registered 08/06/1993 3a. Date of Last Report 10/14/1996 4. State or Country of Formation FL 6. FEI Number 65-0422568 7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 8. Make check payable to: Dept. of State (See reverse side for fee information)	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country		5a. Capital Contributions as Shown on record. \$288,000.00 5b. Amount of Capital Contributions in FLORIDA to date:	

9. Name and Address of Current Registered Agent OWEN, JACK B JR. 4500 PGA BLVD., SUITE 301 PALM BEACH GARDENS FL 33418	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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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.

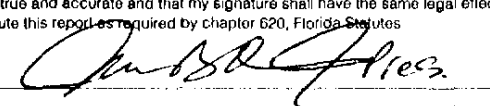
SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

**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) HOME MORTGAGE COMPANY OF THE	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 4500 PGA BOULEVARD, S	11b. City, State & Zip Code PALM BEACH GARDENS FL	11c. Registration/Document Number P93000043142
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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 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  Jack B. Owen, Jr. Pres. DATE 9/11/97
 Typed or Printed Name of General Partner Signing Form Home Mortgage Company of the Palm Beaches Daytime Telephone Number (561) 627-2112

CR2E003 (6/97)