

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Murham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F95000003070 (8)**

1. Corporation Name
FIRST AMERICAN EQUITY LOAN SERVICES, INC.



Principal Place of Business: **8191 COLLEGE PKWY., #306 FT. MYERS FL 33919**
Mailing Address: **8191 COLLEGE PKWY., #306 FT. MYERS FL 33919**

2. Principal Place of Business	2a. Mailing Address
21. State, Apt. #, Ct.	26. State, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

3. Date Incorporated or Qualified 06/26/1995	3a. Date of Last Report
4. FET Number 34-1294802	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 has liability for intangible tax under s. 193.032 Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CONWAY, MICHAEL W
2807 REMINGTON GREEN CIRCLE
TALLAHASSEE FL 32308**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	85. Zip Code

11. Pursuant to the provisions of Sections 607.01(2) and 607.15(6), 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. Thereby accept the appointment as registered agent. I am firm in this and accept the obligations of Section 607.01(6), Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

1. TITLE	PDC	<input type="checkbox"/> DELETE
2. NAME	HOPKINS, MICHAEL B	
3. STREET ADDRESS	ONE ERIEVIEW PLAZA	
4. CITY, ST., ZIP	CLEVELAND OH 44114	
5. TITLE	V	<input type="checkbox"/> DELETE
6. NAME	MCMANAMON, ROBERT	
7. STREET ADDRESS	ONE ERIEVIEW PLAZA	
8. CITY, ST., ZIP	CLEVELAND OH 44114	
9. TITLE	S	<input type="checkbox"/> DELETE
10. NAME	WAIWOOD, MICHAEL F	
11. STREET ADDRESS	ONE ERIEVIEW PLAZA	
12. CITY, ST., ZIP	CLEVELAND OH 44114	
13. TITLE	T	<input type="checkbox"/> DELETE
14. NAME	HERKENHOFF, H J	
15. STREET ADDRESS	5615 HIGH POINT RD., #1000	
16. CITY, ST., ZIP	IRVING TX 75038	
17. TITLE	D	<input type="checkbox"/> DELETE
18. NAME	POLINER, RANDALL E	
19. STREET ADDRESS	9020 CAPITOL OF TEXAS HWY., N.	
20. CITY, ST., ZIP	AUSTIN TX 78759	
21. TITLE	D	<input type="checkbox"/> DELETE
22. NAME	KENNEDY, PARKER S	
23. STREET ADDRESS	114 E. 5TH ST.	
24. CITY, ST., ZIP	SANTA ANA CA 92701	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST., ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST., ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST., ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST., ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST., ZIP	

14. I do hereby certify that the information supplied in this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included on this filing is correct or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. 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, whichever is appropriate, in accordance with an affidavit.

SIGNATURE: *Robert C McManamon* **ROBERT C MCMANAMON** 1/19/96 (216)241-1278
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)