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**Feb 05 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 33919-5121**

3. Date Incorporated or Qualified
06/26/1995

3a. Date of Last Report
01/24/1996

2. Principal Place of Business

21
Suite, Apt. #, etc.

22
City & State

23
Zip

24
Country

2a. Mailing Address

26
ONE ERIEVIEW PLAZA, STA FLOOR

27
CLEVELAND, OHIO

28
44114

29
Country

USA

4. FEI Number
34-1294802

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes 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

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:

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
NAME **PDC HOPKINS, MICHAEL B**
STREET ADDRESS **ONE ERIEVIEW PLAZA**
CITY - ST - ZIP **CLEVELAND OH 44114**

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE DELETE
NAME **V MCMANAMON, ROBERT**
STREET ADDRESS **ONE ERIEVIEW PLAZA**
CITY - ST - ZIP **CLEVELAND OH 44114**

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE DELETE
NAME **S WAIWOOD, MICHAEL F**
STREET ADDRESS **ONE ERIEVIEW PLAZA**
CITY - ST - ZIP **CLEVELAND OH 44114**

3.1 TITLE Change Addition
3.2 NAME **SECRETARY PAUL M. DOLAN**
3.3 STREET ADDRESS **ONE ERIEVIEW PLAZA**
3.4 CITY - ST - ZIP **CLEVELAND OH 44114**

TITLE DELETE
NAME **T HERKENHOFF, H J**
STREET ADDRESS **5615 HIGH POINT RD., #1000**
CITY - ST - ZIP **IRVING TX 75038**

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE DELETE
NAME **D POLINER, RANDALL E**
STREET ADDRESS **9020 CAPITOL OF TEXAS HWY., N.**
CITY - ST - ZIP **AUSTIN TX 78759**

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE DELETE
NAME **D KENNEDY, PARKER S**
STREET ADDRESS **114 E. 5TH ST.**
CITY - ST - ZIP **SANTA ANA CA 92701**

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do 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.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/97 216 241-7278
Date Daytime Phone #

CR2E034 (9/96)