

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Oct 01 1998 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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 33910

Mailing Address
 ONE ERIEVIEW PLAZA 5TH FLOOR
 CLEVELAND OH 44114
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 1535 NIGHLAND AVE. SOUTH
 Suite, Apt. #, etc.
 22
 City & State
 23 CLEARWATER, FL.
 Zip
 24 33756 25 U.S.A.

2a. Mailing Address
 26 1228 EUCLID AVENUE
 Suite, Apt. #, etc.
 27 4th FLOOR
 City & State
 28 CLEVELAND, OHIO
 Zip
 29 44115 30 U.S.A.

3. Date Incorporated or Qualified
 06/26/1995
 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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324

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 607.1506, 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 607.0905, Florida Statutes.

SIGNATURE *[Signature]* DATE 9/14/98
 (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PDC	<input type="checkbox"/> DELETE
NAME	HOPKINS, MICHAEL B	
STREET ADDRESS	ONE ERIEVIEW PLAZA	
CITY-ST-ZIP	CLEVELAND OH 44114	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MCMANAMON, ROBERT	
STREET ADDRESS	ONE ERIEVIEW PLAZA	
CITY-ST-ZIP	CLEVELAND OH 44114	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	WAIWOOD, MICHAEL F	
STREET ADDRESS	ONE ERIEVIEW PLAZA	
CITY-ST-ZIP	CLEVELAND OH 44114	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	HERKENHOFF, H J	
STREET ADDRESS	5815 HIGH POINT RD., #1000	
CITY-ST-ZIP	IRVING TX 75038	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	POLINER, RANDALL E	
STREET ADDRESS	9020 CAPITOL OF TEXAS HWY., N.	
CITY-ST-ZIP	AUSTIN TX 78759	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KENNEDY, PARKER S	
STREET ADDRESS	114 E. 5TH ST.	
CITY-ST-ZIP	SANTA ANA CA 92701	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	PAUL M. DOMAN	
1.3 STREET ADDRESS	1728 EUCLID AVE, SUITE 400	
1.4 CITY-ST-ZIP	CLEVELAND, OH 44115	
2.1 TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	SEAN CONWAY	
2.3 STREET ADDRESS	1728 EUCLID AVE, SUITE 400	
2.4 CITY-ST-ZIP	CLEVELAND, OH 44115	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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.

SIGNATURE *[Signature]* DATE 9/14/98

CR2E034 (5/98)