

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jun 08, 1999 8:00 am
Secretary of State

06-08-1999 90015 042 ***550.00



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

PROFIT CORPORATION
 ANNUAL REPORT
 1999

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
~~ONE ERIEVIEW PLAZA 5TH FLOOR
 CLEVELAND OH 44114
 US~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/26/1995

4. FEI Number
34-1294802

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

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24 **25** **26** **27** **28** **29** **30**

2a. Mailing Address
26 **1228 EUCLID AVENUE**
27 **4TH FLOOR**
28 **CLEVELAND, OH**
29 **44115** **30** **USA**

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 **CT CORPORATION SYSTEM**
82 Street Address (P.O. Box Number is Not Acceptable)
1200 SOUTH PINE ISLAND ROAD
83
84 City **PLANTATION** **FL** **85** Zip Code **33324**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PDC	<input type="checkbox"/> DELETE
NAME	HOPKINS, MICHAEL B	
STREET ADDRESS	ONE ERIEVIEW PLAZA - 1228 Euclid Ave 4th Floor	
CITY-ST-ZIP	CLEVELAND OH 44115	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MCMANAMON, ROBERT	
STREET ADDRESS	ONE ERIEVIEW PLAZA - 1228 Euclid Ave 4th Floor	
CITY-ST-ZIP	CLEVELAND OH 44115	
TITLE	S	<input type="checkbox"/> DELETE
NAME	WAIWOOD, MICHAEL F	
STREET ADDRESS	ONE ERIEVIEW PLAZA	
CITY-ST-ZIP	CLEVELAND OH 44114	
TITLE	T	<input type="checkbox"/> DELETE
NAME	HERKENHOFF, H J	
STREET ADDRESS	5615 HIGH POINT RD., #1000	
CITY-ST-ZIP	IRVING TX 75038	
TITLE	D	<input 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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]* X 6/2/99 216-241-1278
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0500188

CR2F034 (10/97)