

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

FILED
Feb 11 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 # K62189 (1)
 1. Corporation Name
EASTERN MORTGAGE CORPORATION

Principal Place of Business: **8380 BAYMEADOWS RD SUITE 9 JACKSONVILLE FL 32256 US**

Mailing Address: **35-0-80 US HWY 19 PALM HARBOR FL 34684 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

26 **8380 Baymeadows Rd. #9**

27 Suite, Apt. #, etc.

28 **Jacksonville FL**

29 **32256**

30 **FL**

3. Date Incorporated or Qualified: **01/31/1989**

4. FEI Number: **59-2932139**

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

LEWIS, DAVID B
8380 BAYMEADOWS RD
SUITE 9
JACKSONVILLE FL 32256

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

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

12. OFFICERS AND DIRECTORS		
TITLE	P	<input type="checkbox"/> DELETE
NAME	LEWIS, DAVID B	
STREET ADDRESS	12969 FALLENTREE DR N	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	LEITNER, PHILIP	
STREET ADDRESS	2206 NW 3RD PL	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	BERRY, BENNIE J	
STREET ADDRESS	1541 6TH AVE N	
CITY-ST-ZIP	JACKSONVILLE BCH FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	BISHOP, MELISSA	
STREET ADDRESS	1320 4TH ST S BLDG APT C	
CITY-ST-ZIP	JACKSONVILLE BCH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	v.p.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Touchton, Allen	
2.3 STREET ADDRESS	7768 LYNCHBURG CT. E.	
2.4 CITY-ST-ZIP	JACKSONVILLE, FL 32277	
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	BERRY, Bonnie J	
3.3 STREET ADDRESS	same address	
3.4 CITY-ST-ZIP		
4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Melissa Bishop	
4.3 STREET ADDRESS	1715 Hodges Blvd #2916	
4.4 CITY-ST-ZIP	Jacksonville, FL 32224	
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: *Melissa K. Bishop* 2/5/98 (Gru) 729-9888

CR2E034 (10/97)