


FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90189 028 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K62189
 1. Corporation Name
EASTERN MORTGAGE CORPORATION

Principal Place of Business 8380 BAYMEADOWS RD SUITE 9 JACKSONVILLE FL 32256 US	Mailing Address 8380 BAYMEADOWS RD #9 SUITE 9 JACKSONVILLE FL 32256 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/31/1989	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 59-2932139	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 owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 checked="" type="checkbox"/> DELETE
NAME	TOUGHTON, ALLEN	
STREET ADDRESS	7768 LYNCHBURG CT E	
CITY-ST-ZIP	JACKSONVILLE FL 32277	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	BERRY, BONNIE J	
STREET ADDRESS	1541 6TH AVE N	
CITY-ST-ZIP	JACKSONVILLE BCH FL	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	BISHOP, MELISSA	
STREET ADDRESS	1715 HODGES BLVD #2916	
CITY-ST-ZIP	JACKSONVILLE FL 32224	
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	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	James Hynes	
1.3 STREET ADDRESS	11810 Indian Bluff Cove	
1.4 CITY-ST-ZIP	Jacksonville, FL 32225	
2.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Philip M. Leitner	
2.3 STREET ADDRESS	2206 NW 3rd Place	
2.4 CITY-ST-ZIP	Gainesville, FL 32603	
3.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Sande Libert	
3.3 STREET ADDRESS	2885 N. Deer Ave	
3.4 CITY-ST-ZIP	Middleburg, FL 32068	
4.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Bishop, Melissa	
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, with all other like empowered.

SIGNATURE: _____ DATE: **1/20/98**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)