

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

FILED
May 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000067183 (0)
 1. Corporation Name
FIDELITY FINANCIAL MORTGAGE COMPANY



Principal Place of Business 1100 MAIN STREET, SUITE 2350 KANSAS CITY MO 64105	Mailing Address 1100 MAIN STREET, SUITE 2350 KANSAS CITY MO 64105
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/30/1995	
21	22	26	27	4. FEI Number 65-0603912	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23	24	28	29	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Zip	Country	Zip	Country		

9. Name and Address of Current Registered Agent CT 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	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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	President & Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIDSON, DONALD D.	1.2 NAME	Wagner, Steve R.
STREET ADDRESS	1100 MAIN STREET SUITE 2350	1.3 STREET ADDRESS	206 Eighth Street
CITY-ST-ZIP	KANSAS CITY MO	1.4 CITY-ST-ZIP	Des Moines, IA 50309
TITLE	STD <input type="checkbox"/> DELETE	2.1 TITLE	Secretary & Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRICK, KATHRYN E.	2.2 NAME	Kunz, Faye L.
STREET ADDRESS	1100 MAIN STREET STE 2350	2.3 STREET ADDRESS	206 Eighth Street
CITY-ST-ZIP	KANSAS CITY MO	2.4 CITY-ST-ZIP	Des Moines, IA 50309
TITLE	DV <input type="checkbox"/> DELETE	3.1 TITLE	Vice President & Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSSELL, PAUL E.	3.2 NAME	Poetting, Gary M.
STREET ADDRESS	1100 MAIN STREET, SUITE 2350	3.3 STREET ADDRESS	206 Eighth Street
CITY-ST-ZIP	KANSAS CITY MO	3.4 CITY-ST-ZIP	Des Moines, IA 50309
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Wieland, Denise A.
STREET ADDRESS		4.3 STREET ADDRESS	206 Eighth Street
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Des Moines, IA 50309
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Vos, Ronald D.
STREET ADDRESS		5.3 STREET ADDRESS	206 Eighth Street
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Des Moines, IA 50309
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Matera, Michael J.
STREET ADDRESS		6.3 STREET ADDRESS	206 Eighth Street
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Des Moines, IA 50309

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: *Denise A. Wieland* Denise A. Wieland (515) 557-7095

CR2E034 (10/97)