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May 06, 1999 8:00 am
Secretary of State

05-06-1999 90285 006 *1,200.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P95000067183

1. Corporation Name
FIDELITY FINANCIAL MORTGAGE COMPANY

Inactive



Principal Place of Business
**206 8TH STREET
 DES MOINES IA 50309**

Mailing Address
**206 8TH STREET
 DES MOINES IA 50309**

DO NOT WRITE IN THIS SPACE

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

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country

3. Date Incorporated or Qualified
08/30/1995

4. FEI Number
65-0603912

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 the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
**DRUMHELLER, J.F.
 NORWEST FINANCIAL, INC.
 250 INTERNATIONAL PKWY., STE. 146
 HEATHROW FL 32746**

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 607.1508, 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 DELETE

TITLE	PD
NAME	WAGNER, STEVE R
STREET ADDRESS	206 EIGHTH ST
CITY-ST-ZIP	DES MOINES IA 50309
TITLE	SD
NAME	KUNZ, FAYE L
STREET ADDRESS	206 EIGHTH ST
CITY-ST-ZIP	DES MOINES IA 50309
TITLE	VPD
NAME	POETTING, GARY M
STREET ADDRESS	206 EIGHTH ST
CITY-ST-ZIP	DES MOINES IA 50309
TITLE	VP
NAME	WIELAND, DENISE A
STREET ADDRESS	206 EIGHTH ST
CITY-ST-ZIP	DES MOINES IA 50309
TITLE	VP
NAME	VOS, RONALD D
STREET ADDRESS	206 EIGHTH ST
CITY-ST-ZIP	DES MOINES IA 50309
TITLE	T
NAME	MATERA, MICHAEL J
STREET ADDRESS	206 EIGHTH ST
CITY-ST-ZIP	DES MOINES IA 50309

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, with all other like empowered.

SIGNATURE: Densie A. Wieland **Densie A. Wieland** Vice President April 19, 1999 (515) 557-7502
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)