

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

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

05-08-1999 90027 015 ***158.75

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 276259

1. Corporation Name
PARKWAY MORTGAGE COMPANY, INC.



Principal Place of Business 255 ALHAMBRA CIR. 9TH FL CORAL GABLES FL 33134-5102	Mailing Address 255 ALHAMBRA CIR. 9TH FL CORAL GABLES FL 33134-5102
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 201 Alhambra Circle		2a. Mailing Address 26 201 Alhambra Circle		3. Date Incorporated or Qualified 12/06/1963	
Suite, Apt. #, etc. 22 12th Floor		Suite, Apt. #, etc. 27 12th Floor		4. FEI Number 59-1031613	
City & State 23 Coral Gables, Florida		City & State 28 Coral Gables, Florida		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 33134		Country 25		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 29 33134		Country 30		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent KERRIGAN, JUANITA I 255 ALHAMBRA CIRCLE, 9TH FL. CORAL GABLES FL 33134				10. Name and Address of New Registered Agent			
81 Name				82 Street Address (P.O. Box Number is Not Acceptable) 201 Alhambra Circle			
				83 12th Floor			
84 City Coral Gables				85 State FL		86 Zip Code 33134	

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	T <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAMA, MICHAEL	1.2 NAME	
STREET ADDRESS	255 ALHAMBRA CIR	1.3 STREET ADDRESS	201 Alhambra Circle 12th Floor
CITY-ST-ZIP	CORAL GABLES FL 33134	1.4 CITY-ST-ZIP	Coral Gables, Florida 33134
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GETMAN, DENNIS J.	2.2 NAME	
STREET ADDRESS	255 ALHAMBRA CIR.	2.3 STREET ADDRESS	201 Alhambra Circle 12th Floor
CITY-ST-ZIP	CORAL GABLES FL	2.4 CITY-ST-ZIP	Coral Gables, Florida 33134
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCNAIRY, CHARLES	3.2 NAME	
STREET ADDRESS	255 ALHAMBRA CIR.	3.3 STREET ADDRESS	201 Alhambra Circle 12th Floor
CITY-ST-ZIP	CORAL GABLES FL	3.4 CITY-ST-ZIP	Coral Gables, Florida 33134
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KERRIGAN, JUANITA I.	4.2 NAME	
STREET ADDRESS	255 ALHAMBRA CIR.	4.3 STREET ADDRESS	201 Alhambra Circle 12th Floor
CITY-ST-ZIP	CORAL GABLES FL	4.4 CITY-ST-ZIP	Coral Gables, Florida 33134
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Juanita I. Kerrigan* **JUANITA I. KERRIGAN** 4/23/99 (305) 442-7000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)