

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 10:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 311835

1. Corporation Name

FREEDOM MORTGAGE COMPANY

Principal Place of Business

Mailing Address

000001803530

-05/01/96-01090-013

***208.75 ***208.75

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 FDIC-100 Colony Sq. Box 68		26 FDIC-100 Colony Sq. Box 68		12/16/66		4/7/95	
22 Ste. 2200		27 Ste. 2200		4. FEI Number		Applied For	
23 Atlanta, GA.		28 Atlanta, Ga.		59-1719908		Not Applicable	
24 30361		29 30361		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
25 USA		30 USA		6. Election Campaign Financing		\$5.00 May Be Added to Fees	
				7. This corporation has liability for intangible tax under s. 193.03?		Florida Statutes	
						Yes No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 South Pine Island Rd.
Plantation, FL 33324

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

Signature, typed or printed name of registered agent and fee, if applicable.

(Initials) Registered Agent's signature required when registering.

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DELETE	1. TITLE	Change Addition
NAME		12. NAME	
STREET ADDRESS		13. STREET ADDRESS	
CITY-ST-ZIP		14. CITY-ST-ZIP	
TITLE	DELETE	2. TITLE	Change Addition
NAME		22. NAME	
STREET ADDRESS		23. STREET ADDRESS	
CITY-ST-ZIP		24. CITY-ST-ZIP	
TITLE	DELETE	3. TITLE	Change Addition
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY-ST-ZIP		34. CITY-ST-ZIP	
TITLE	DELETE	4. TITLE	Change Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY-ST-ZIP		44. CITY-ST-ZIP	
TITLE	DELETE	5. TITLE	Change Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY-ST-ZIP		54. CITY-ST-ZIP	
TITLE	DELETE	6. TITLE	Change Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY-ST-ZIP		64. CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Charles P. Farrell, Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles P. Farrell, Jr. - President

4-18-96

DATE

404 890 7010

DATE

CR2E034 (12/95)