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FILED
Apr 23 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 654911 (7)

1. Corporation Name
SENTINEL MORTGAGE COMPANY



Principal Place of Business 700 SARASOTA QUAY SARASOTA FL 34236 US	Mailing Address 700 SARASOTA QUAY SARASOTA FL 34236-4868 US
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 02/05/1980	3a. Date of Last Report 05/29/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-1969111	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
HODGES, JOHN M. 1800 2ND ST, STE 9800 SARASOTA FL 34236		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83. City	
		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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD WITTIG, THEODORE K 3994 HAMILTON CLUB CR SARASOTA FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	EVP PEASE, LINDA G. 3694 KINGSTON BLVD SARASOTA FL	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	Linda G. Wilf
STREET ADDRESS		2.3 STREET ADDRESS	2828 SUNCREST DR
CITY-ST-ZIP		2.4 CITY-ST-ZIP	SARASOTA FL 34239
TITLE	SVP ILTIS, J S 1961 BAYWOOD CT SARASOTA FL	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	4057 ESCONDITO CIRCLE
CITY-ST-ZIP		3.4 CITY-ST-ZIP	SARASOTA, FL 32238
TITLE	VPAS FINDLEY, MARILYN 2562 WYE OAK LANE SARASOTA FL	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	SANDRA Abadjian
STREET ADDRESS		4.3 STREET ADDRESS	726 32nd ST. E.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	BRADENTON, FL 34208
TITLE	AS MARER, FLORENCE 3711 LAKEWOOD DRIVE SARASOTA FL	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 do 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: *Linda G. Wilf* **Linda G. Wilf** 4/18/97 941 315 5111

CR2E034 (9/96)