


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

FILED  
Apr 28 1998 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 670576 (8)</b> <i>n/c 11-25-97</i>					
1. Corporation Name <b>Nationwide HomeEquity Corporation</b>					
Principal Place of Business <b>4940 BEACH BLVD 4811 Beach Blvd JACKSONVILLE FL 32207 Suite 402</b>			Mailing Address <b>P O BOX 47137 JACKSONVILLE FL 32247 US</b>		
2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or Qualified <b>05/19/1980</b>	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <b>59-1999865</b>		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
23 Zip	28 Zip	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24 Country	25 Country	9. Name and Address of Current Registered Agent <b>PARROTT, EDWIN C 4940 BEACH BLVD 1335 Ryar Rd JACKSONVILLE FL 32207 32216</b>		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		<b>FL</b>	
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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
	<b>PD PARROTT, EDWIN C</b>	<b>4940 BEACH BLVD 1335 Ryar Rd</b>	<b>JACKSONVILLE, FL 32216</b>	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<b>VS PARROTT, CAROL</b>	<b>1335 RYAR RD.</b>	<b>JACKSONVILLE FL 32216</b>	1.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
				1.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	
				1.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
				2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
				2.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
				2.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	
				2.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
				3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
				3.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
				3.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	
				3.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
				4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
				4.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
				4.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	
				4.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
				5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
				5.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
				5.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	
				5.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
				6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
				6.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
				6.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	
				6.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	



DO NOT WRITE IN THIS SPACE

CR2E034 (10/97)

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:

*[Signature]* 4/28/98 UNL-2902-2001