

FILE ON OR BEFORE APRIL 9, 1997 TO AVOID REVOCATION
AND \$500 PENALTY FEE

FILED

97 APR 28 AM 9:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra Mortham Secretary of State DIVISION OF CORPORATIONS
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1. Name of Limited Partnership COLLATERAL MORTGAGE, LTD.	1a. DOCUMENT # A23786
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Mailing Address 1900 CRESTWOOD BLVD. BIRMINGHAM AL 35210	Principal Office Address 1900 CRESTWOOD BLVD. BIRMINGHAM AL 35210
2. Mailing Address Collateral Mortgage, Ltd./Licensing Suite, Apt. #, etc. 1900 Crestwood Boulevard City & State Birmingham, AL Zip 35210	2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country

3. Date Formed or Registered 12/12/1986	5a. Capital Contributions as Shown on record. \$300,000.00
3a. Date of Last Report 02/26/1996	5b. Amount of Capital Contributions in FLORIDA to date. 76,540.46
4. State or Country of Formation AL	6. FEI Number 63-0925217 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number) Suite, Apt. #, etc. City FL Zip Code
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10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, 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 its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s) COLLAT, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 1900 CRESTWOOD BLVD.	11b. City, State & Zip Code BIRMINGHAM AL	11c. Registration/ Document Number P12314
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REINSTATEMENT

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Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. 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 release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

William T. Ratliff, III
William T. Ratliff, III, Collat, Inc.

DATE 4-24-97

Typed or Printed Name of General Partner Signing Form Corporate General Partner of Collateral Mortgage, Ltd. Daytime Telephone Number (205) 951-4001

CR2E003 (11/96)