

FILED

May 15 1998 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F23262  
1. Corporation Name  
FORTUNE FINANCIAL CORPORATION

(1)

Principal Place of Business	Mailing Address
P O BOX 10729 JACKSONVILLE FL 32247-7729	P O BOX 10729 JACKSONVILLE FL 32247-7729



DO NOT WRITE IN THIS SPACE

				3. Date Incorporated or Qualified <b>02/23/1981</b>			
2. Principal Place of Business			2a. Mailing Address			4. FEI Number <b>59-2893504</b>	
21 Suite, Apt. #, etc.			26 Suite, Apt. #, etc.			Applied For Not Applicable	
22 City & State			27 City & State			5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23 Zip			28 Zip			6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24 Country			29 Country			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MCCORKLE, THOMAS J. 10475-110 FORTUNE PARKWAY JACKSONVILLE FL 32256				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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STINSON, THOMAS L.	1.2 NAME	
STREET ADDRESS	10475-110 FORTUNE PKWY	1.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	1.4 CITY - ST - ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DP	2.2 NAME	
STREET ADDRESS	MCCORKLE, ALLAN J.	2.3 STREET ADDRESS	
CITY - ST - ZIP	10475-110 FOTUNE PARKWAY JACKSONVILLE FL	2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S	3.2 NAME	
STREET ADDRESS	PURCELL, CARLENA E.	3.3 STREET ADDRESS	
CITY - ST - ZIP	10475-110 FORTUNE PARKWAY JACKSONVILLE FL	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D	4.2 NAME	
STREET ADDRESS	MCCORKLE, THOMAS J.	4.3 STREET ADDRESS	
CITY - ST - ZIP	10475-110 FORTUNE PKWY JACKSONVILLE FL	4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V	5.2 NAME	
STREET ADDRESS	SANDERS, DUANE A.	5.3 STREET ADDRESS	
CITY - ST - ZIP	10475-110 FORTUNE PKWY JACKSONVILLE FL	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.

**SIGNATURE:**

CR2E034 (10/97)