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Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # **F93000002857 (1)**

1. Corporation Name
EQUITRUST MORTGAGE CORPORATION

Principal Place of Business
3300 WEST BEACH BLVD
GULFPORT MS 39501

Mailing Address
3300 WEST BEACH BLVD
GULFPORT MS 39501-1724

3. Date Incorporated or Qualified: **06/21/1993**
3a. Date of Last Report: **04/17/1996**

4. FEI Number: **64-0565741** [ ] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees

8. Is this corporation liable for intangible tax under s. 199.032 Florida Statutes? [ ] Yes [ ] No

2. Principal Place of Business
21
Suite Apt. # etc.
22
City & State
23
Zip 24 | County 25

2a. Mailing Address
26
Suite Apt. #, etc.
27
City & State
28
Zip 29 | Country 30

9. Name and Address of Current Registered Agent
LOVELACE, DEWITT M
LOVELAND LAW FIRM
743 HWY 98 EAST, SUITE 5
DESTIN FL 32541

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Numbers is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.0505 and 607.1905, 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 _____ DATE

12. OFFICERS AND DIRECTORS

TITLE	CPD	[ ] DELETE
NAME	LOVELACE, KENT E JR	
STREET ADDRESS	3300 WEST BEACH BLVD., SUITE 202	
CITY-ST-ZIP	GULFPORT MS 39501	
TITLE	V	[ ] DELETE
NAME	SHOWS, JOYCE B	
STREET ADDRESS	3300 W BEACH BLVD, STE 202	
CITY-ST-ZIP	GULFPORT MS	
TITLE	V	[ ] DELETE
NAME	SEAWRIGHT, BARBARA G	
STREET ADDRESS	3300 WEST BEACH BLVD.,SUITE 202	
CITY-ST-ZIP	GULFPORT MS 39501	
TITLE	S	[ ] DELETE
NAME	HOLLEY, ELAINE	
STREET ADDRESS	3300 WEST BEACH BLVD.,SUITE 202	
CITY-ST-ZIP	GULFPORT MS 39501	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		[ ] Change [ ] Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE		[ ] Change [ ] Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		[ ] Change [ ] Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		[ ] Change [ ] Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		[ ] Change [ ] Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		[ ] Change [ ] Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

CR2E084 (9/96)

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 report or supplemental 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 with an address, or on an attached amendment, with an address.

SIGNATURE: _____