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

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F9500003606 (9)

HOMEO	WNERS MORTGAGE & EQU	TY, INC.			<b>41</b>    11   11   1   1   1   1   1   1   1
Principal Plac	e of Business	Mailing Address			<b>481</b>    00100 21140 \$1611 00118 0111 1001
6836 AUSTIN CENTER BLVD STE 280 6836 AUSTIN CENTER BLV AUSTIN TX 78731 AUSTIN TX 78731-3190		STE 280			
		<b>7</b>		3. Date Incorporated or Qualified 07/26/1995	3a. Date of Last Report 01/24/1996
	lace of Business	2a, Mailing Address		4. FEI Number	Applied For
Suite, Apt.	# ato	Suite, Apt. #, etc.		74-2674353	Not Applicable
22		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	e	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	<b>28</b>	Country	Trust Fund Contribution	Added to Fees
24	25	1	country	This corporation has liability for it     Florida Statutes	ntangible tax under s. 199.032,   ] Yes - 🔀 No
241	9. Name and Address of Current			10. Name and Address of New Reg	
CT	CORPORATION SYSTEM		81 Name	W 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			82 Street Address (P.O. Box Number is Not Acceptable) 83		
	N. C.		84 City		85 Zip Code
	<del></del>				
	to the provisions of Sections 607.05.02 logistered agent, or both, in the State of im familiar with, and accept the obligat	and 607,1508, Florida Statutes If Florida: Such change was au ions of, Section 607,0505, Flori	s, the above-named ci ithorized by the corpo ida Statules.	orporation submits this statement for the p ration's board of directors. I hereby accep	urpose of changing its registered if the appointment as registered
SIGNATURE	Signature, typed or printed name of regenered a por	and the if applicable (NOTE)	Registered Agent signature re	quited when reinstating)	DATI
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	CEOP	☐ DELETE	1.1 THILE	D	Change K Addition
NAME	BALLARD, JOHN W			LEONE, CHARLES R. III	
STREET ADDRESS	7709 MESA DR		1.3 STREET ADDRESS	2630 PEPPERMILL RUN	
CITY-ST-ZIP	AUSTIN TX 78731	Discourse		SAN_ANTONIO,_TEXAS_782	18
TITLE	BOMER, E. JEFF	L_( DELETE	2 1 1HH F	V (Executive)	Change 🔀 Addition
NAME	5104 BEVERLY SKYLINE			PARKER, TOMMY M.	
STREET ADDRESS	AUSTIN TX 78731			40 N IH 35, #12B4	
CITY+ST-ZIP TITLE	D	DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE	AUSTIN, TEXAS 78701	Change Addition
NAME	PYHRR, PETER A		3.2 NAME		i subsige
STREET ADDRESS	1310 MEADOWGREEN		33STREFT ADDRESS		
CITY-ST-ZIP	DUNCANVILLE TX 78748		3 4. CITY - S1 - 7IP		ĺ
TITLE	D	☐ DELETE	4.1 117LF		Change Addition
NAME	Pyhrr, Stephen a		4 2 NAME		
STREET ADDRESS	10806 RIVER TERRACE		4.3 STHELL ADDRESS		J
CITY-\$1-ZIP	AUSTIN TX 78748		4.4 CITY - \$T - 7IP		
TITLE	V	DELETE	5.1 TOLE		☐ Change ☐ Addition
NAME	ODOM, JOANN		5.2 NAME		
STREET ADDRESS	613 DURCREEK		5.3 STREET ADDRESS		
CITY-ST-ZIP	LEANDER TX 78841	T1 22.50	5.4 CHY- S1 - 7IP		
TITLE	V TUEDIAC GLENN	☐ DELETE	6111111		L. Change L. Addition
NAME	THERIAC, GLENN		6.2 NAME		
STREET ADDRESS	40 N HWY 35 #4B4		6.3 STREET ADDRESS		
CITY - ST - ZIP	AUSTIN TX 78701		6.4 CITY - ST - ZIP		

14. To hereby certily that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(t). Florida Statutes. Hurther certily 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 eath; that I am an officer or director of the curpovation on this experience of the curpovation on this experience of the curpovation of the

/ John W. Ballard

April 15, 1997 (512) 343-8911

**FILED** 

Apr 23 1997 8:00am

Secretary of State