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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9600001284 (6)

EMERGENT MORTGAGE CORP.

Principal Plac	ling Address							NI IIDIO ILDOI	(8)() \$1\$1 (8\$)			
50 DATASTREAM PLAZA				50 DATASTREAM PLAZA								
STE 201		STE 201										
GREENVILLE	SC 29605	GREENVILLE SC 29805				L	DO NOT WRITE IN THIS SPACE					
U\$		US					 Date Incorporated or Qualified 03/12/1996 	1				
2. Principal P	Place of Busi	2a. Mailing Address					4. FEI Number			A 41 1 P		
	1809 0: 0031	\vdash	26					57 -33249 10			Applied For	
Suite, Apt.	# etc	Suite, Apt. #, etc.					37-33248 10			Not Applicable Additional		
22	II, U (U.	—	27					5. Certificate of Status Desired		,	Required	
City & Stat	e	City & State					6. Election Campaign Financing	 		O May Be		
23			28				l	Trust Fund Contribution		•	d to Fees	
Zip				Zip Country					8. This corporation owes or has			
24		25	29		30				Personal Property Tax due Jui	_		□ No
	9. Name	and Address of Current	Registere	d Agent	'	T			10. Name and Address of New F	legistered	Agent	
C 1	CORPOR	ATION SYSTEM				81	Name					
120			82 Street Addre			s (P.O. Box Number is Not Accept	abla)					
PU	ANTATION					Sileer	Addies	s (F.O. Box Number is Not Accept	aniej			
	ļ	•				83						
	(84	City		· · · · · · · · · · · · · · · · · · ·		85 Zij	p Code
	_					-	0,			FL	, 03 -"	, oode
11. Pursuant	sions of Sections 607 0502	and 607.1	508, Florida Statut	es, the a	bove	-named	Corpora	ation submits this statement for the	purpose of	f 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 regist agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.											is registered	
SIGNATURE												
	Signature, typed	for printed name of registered agent				d Age	nt signature	e required v	when reinstating)	DATE		
12.	CCEO	OFFICERS AND	DIRECTOR		13.			Y	ADDITIONS/CHANGES TO OFF	ICERS AND		
TITLE	GIDDENS, KEITH			_		1.1 TITLE					L. Change	Addition
NAME					1.2 N							
STREET ADDRESS		AIN ST., STE 750			1.3 S	TAEET	address					
CITY-ST-ZIP	VCP	ALLE SC		DELETE	_	TY - S	r-ziP				1 0	1 12200.2
TITLE		P, DENNIS		DELETE	2.1 TJ						L Change	Addition
NAME	208 GA				2.2 N							
STREET ADDRESS		S SC 29671					ADDRESS	İ				
CITY-ST-ZIP	SD	3 30 2801 1	· · · · · · · · · · · · · · · · · · ·	DELETE	_		T-ZIP	ļ			T 1 05	A date-
TITLE	ÇOX, J.	DUII		D DECEIE	3.1 11			Į			L Change	Addition
NAME		ASTREAM PLAZA, STE	201		3.2 N							
STREET ADDRESS		ALLE SC	201				ADDRESS	i				
CITY-ST-ZIP	TD	TILLE 30		DOLOTE	3.4. C		T-ZIP		_ .		1 05	Addition
TITLE	MAST, H	(E\/INI		☐ DELETE	4.1 TI						Change	Addition
NAME		AIN ST, SUITE 750			4. 2 N							
STREET ADDRESS		/ILLE SC 29601					address					
CITY-ST-ZIP	D	TICLE OU 2000	·	DELETE	4,4 CI		- ZIP	17			c Change	☐ Addition
TITLE	KUNST,	JOHN		X	5.1 T			Na-	ncy Drummond		Las Charige	Addition
NAME OTOGGY ADDRESS	208 GA				5.2 N/					750		f
STREET ADDRESS	PICKEN						ADDRESS		S. Main St., Ste	/ 3 U		
CITY-ST-ZIP TITLE	D			DELETE	5.4 CI 6.1 TI		- ZIP	Gre	enville SC 29601		☐ Change	☐ Addition
	-	SON, GEORGE		DO OTTER							change	☐ ₩dditt(ti)
NAME CERTET ARCHEO		ASTREAM PLAZA, STE	100		6.2 NA							
STREET ADDRESS	SU DAIA	NOINEAM FLAZA, SIE	IVV		6.3 ST	HEET /	ADDRESS	1				

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.

FILED

Mar 17 1998 8:00am

Secretary of State