

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

FILED
Jun 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000001686 (2)
 1. Corporation Name
WICKES MORTGAGE LENDING, INC.



Principal Place of Business 7800 BELFORT PKWY #100 JACKSONVILLE FL 32256	Mailing Address 7800 BELFORT PKWY #100 JACKSONVILLE FL 32256
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or Qualified 03/29/1996	
21. Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	4. FEI Number 59-3359527	Applied For <input type="checkbox"/> Not Applicable
25. Suite, Apt. #, etc.	26. City & State	27. Zip	28. Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
29. Suite, Apt. #, etc.	30. City & State	31. Zip	32. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

**KIRSCHNER, MAIN, PETRIE, GRAHAM, TANNER &
 1 INDEPENDENT DR #2000
 JACKSONVILLE FL 32201**

81. Name Holland & Knight	85. Zip Code FL
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	

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 I accept, the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: *J. Malcolm Graham* *T. Malcolm Graham* *6/29/98*

12. OFFICERS AND DIRECTORS		DELETED
TITLE	DCV	<input checked="" type="checkbox"/>
NAME	GRAHAM, LEWIS W JR	
STREET ADDRESS	7800 BELFORT PKWY #100	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	P	<input type="checkbox"/>
NAME	SALEM, EDWARD B	
STREET ADDRESS	7800 BELFORT PKWY #100	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	BVPS	<input type="checkbox"/>
NAME	OLSON, CRAIG W	
STREET ADDRESS	7800 BELFORT PKWY #100	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.2 NAME	Catherine J. Gray		
4.3 STREET ADDRESS	7800 BELFORT PARKWAY STE. 100		
4.4 CITY-ST-ZIP	JACKSONVILLE, FL 32256		
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
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)(l), 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: *Catherine J. Gray* **6/29/98** **904.281-2200**

CR2E034 (10/97)