

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

FILED
Apr 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # F96000006736 (0)
 1. Corporation Name
ADAM MORTGAGE COMPANY



Principal Place of Business 2800 S. TEXAS AVE., #200 BRYAN TX 77802	Mailing Address 2800 S. TEXAS AVE., #200 BRYAN TX 77802-5343
---	--

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/23/1996	3a. Date of Last Report
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 75-2538318	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

g. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
F&L CORP. 200 LAURA ST. JACKSONVILLE FL 32202				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RIGGS, WILLIAM P		1.2 NAME		
STREET ADDRESS	113430 NW FREEWAY, #202		1.3 STREET ADDRESS		
CITY-ST-ZIP	HOUSTON TX 77040		1.4 CITY-ST-ZIP		
TITLE	VS	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALMAGUER, GERRIE		2.2 NAME		
STREET ADDRESS	4001 E. 29TH ST., #120		2.3 STREET ADDRESS		
CITY-ST-ZIP	BRYAN TX 77802		2.4 CITY-ST-ZIP		
TITLE	C	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SPENCER, TIMOTHY P		3.2 NAME	CONTROLLER	
STREET ADDRESS	2800 S. TEXAS AVE., #200		3.3 STREET ADDRESS	SISCO, CAROL	
CITY-ST-ZIP	BRYAN TX 77802		3.4 CITY-ST-ZIP	2800 S. TEXAS AVE., #200	
TITLE	DC	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	O'MALLEY, JOHN T		4.2 NAME		
STREET ADDRESS	4001 E. 29TH ST., #120		4.3 STREET ADDRESS		
CITY-ST-ZIP	BRYAN TX 77802		4.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KUTTLER, KEITH H		5.2 NAME		
STREET ADDRESS	2800 S. TEXAS AVE., #200		5.3 STREET ADDRESS		
CITY-ST-ZIP	BRYAN TX 77802		5.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HEFNER, MAX R		6.2 NAME		
STREET ADDRESS	2800 S. TEXAS AVE., #200		6.3 STREET ADDRESS		
CITY-ST-ZIP	BRYAN TX 77802		6.4 CITY-ST-ZIP		

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 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 as an attachment with an address.

SIGNATURE: *S. J. M...* Vice President 4/8/97

CR2E034 (9/96)