

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

FILED
Feb 09 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 # F97000006232 (9)
 1. Corporation Name
RURBAN MORTGAGE COMPANY



Principal Place of Business 2430 ESTANCIA BLVD SUITE 202 CLEARWATER FL 34621	Mailing Address 2430 ESTANCIA BLVD SUITE 202 CLEARWATER FL 34621
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. Suite 100 22 City & State 23 24 Zip 25 Country	2a. Mailing Address 26 Suite, Apt. #, etc. Suite 100 27 City & State 28 29 Zip 30 Country
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3. Date Incorporated or Qualified 11/25/1997	4. FEI Number 59-3478478	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75	Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00	May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent JOYCE, KENNETH A 2430 ESTANCIA BLVD SUITE 202 CLEARWATER FL 34621		81 Name
		82 Street Address (P.O. Box Number is Not Acceptable)
		83
		84 City
		85 Zip Code

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

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	CEO	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOYCE, KENNETH A	12 NAME	
STREET ADDRESS	2430 ESTANCIA BLVD SUITE 202	13 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34621	14 CITY-ST-ZIP	
TITLE	V	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LORENZO, JACQUELINE M	22 NAME	
STREET ADDRESS	2430 ESTANCIA BLVD SUITE 202	23 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34621	24 CITY-ST-ZIP	
TITLE	V	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GADWA, LIONEL J JR	32 NAME	
STREET ADDRESS	2430 ESTANCIA BLVD SUITE 202	33 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34621	34 CITY-ST-ZIP	
TITLE	V	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MISNER, HAROLD V JR	42 NAME	
STREET ADDRESS	2430 ESTANCIA BLVD SUITE 202	43 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34621	44 CITY-ST-ZIP	
TITLE	VT	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLS, AMANDA P	52 NAME	
STREET ADDRESS	2430 ESTANCIA BLVD SUITE 202	53 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34621	54 CITY-ST-ZIP	
TITLE	AVS	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLUTY, ROSLYNN	62 NAME	
STREET ADDRESS	2430 ESTANCIA BLVD SUITE 202	63 STREET ADDRESS	
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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.

SIGNATURE: *Amanda P. Mills* 11/30/98 813-799-1095

CR2E034 (10/97)