

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

FILED
Mar 12 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 # **F97000006611 (4)**
1. Corporation Name

PRECEDENT MORTGAGE COMPANY

Principal Place of Business 9525 DELEGATES ROW, SUITE 100 INDIANAPOLIS IN 46240	Mailing Address 9525 DELEGATES ROW, SUITE 100 INDIANAPOLIS IN 46240
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 12/15/1997	
				4. FEI Number 35-1684701	
				5. Certificate of Status Desired <input checked="" 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 checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 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

Signature, typed or printed name of registered agent and title if applicable

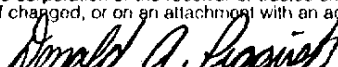
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	V
NAME	SCHUETH, PETER J	1.2 NAME	BAILEY, MARK E.
STREET ADDRESS	9525 DELEGATES ROW, SUITE 100	1.3 STREET ADDRESS	9525 DELEGATES ROW, SUITE 100
CITY-ST-ZIP	INDIANAPOLIS IN 46240	1.4 CITY-ST-ZIP	INDIANAPOLIS, IN 46240
TITLE	V	2.1 TITLE	D
NAME	WHEELER, KAY A	2.2 NAME	PETERSON-STILLER, CELESTE F
STREET ADDRESS	9525 DELEGATES ROW, SUITE 100	2.3 STREET ADDRESS	9525 DELEGATES ROW, SUITE 100
CITY-ST-ZIP	INDIANAPOLIS IN 46240	2.4 CITY-ST-ZIP	INDIANAPOLIS, IN 46240
TITLE	SC	3.1 TITLE	D
NAME	PETERSON, BARTON	3.2 NAME	PETERSON-STITT, CHERL C.
STREET ADDRESS	9525 DELEGATES ROW, SUITE 100	3.3 STREET ADDRESS	9525 DELEGATES ROW, SUITE 100
CITY-ST-ZIP	INDIANAPOLIS IN 46240	3.4 CITY-ST-ZIP	INDIANAPOLIS, IN 46240
TITLE	VC	4.1 TITLE	D
NAME	HOWE, LLOYD	4.2 NAME	PETERSON-FAUST, SANDRA R.
STREET ADDRESS	9525 DELEGATES ROW, SUITE 100	4.3 STREET ADDRESS	9525 DELEGATES ROW, SUITE 100
CITY-ST-ZIP	INDIANAPOLIS IN 46240	4.4 CITY-ST-ZIP	INDIANAPOLIS, IN 46240
TITLE	D	5.1 TITLE	
NAME	PETERSON, TIM	5.2 NAME	
STREET ADDRESS	9525 DELEGATES ROW, SUITE 100	5.3 STREET ADDRESS	
CITY-ST-ZIP	INDIANAPOLIS IN 46240	5.4 CITY-ST-ZIP	
TITLE	T	6.1 TITLE	
NAME	PIGGUSH, DONALD A	6.2 NAME	
STREET ADDRESS	9525 DELEGATES ROW, SUITE 100	6.3 STREET ADDRESS	
CITY-ST-ZIP	INDIANAPOLIS IN 46240	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)(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



DONALD A. PIGGUSH 3/3/98 (317) 574-5800

CP2E034 (10/97)