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May 19 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **G23993** (0)  
1. Corporation Name  
**FORTUNE MORTGAGE CORPORATION**



Principal Place of Business <b>PO BOX 11007MPA ST. ATTN: CORP. TAX BIRMINGHAM AL 35228</b>	Mailing Address <b>PO BOX 11007MPA ST. ATTN: CORP. TAX BIRMINGHAM AL 35228</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>02/15/1983</b>	3a. Date of Last Report <b>05/01/1996</b>
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <b>59-2272403</b>		Applied For <input type="checkbox"/> Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24 Country	29 Country	30 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>CHARLET, KERRY 100 NORTH TAMPA ST. TAMPA FL 33602</b>		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 \_\_\_\_\_  
Type or print 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/D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SWAN, ALFRED W JR.</b>	1.2 NAME	
STREET ADDRESS	<b>100 NORTH TAMPA ST. #3400</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL 33602</b>	1.4 CITY-ST-ZIP	
TITLE	V/D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MCCULLEY, THOMAS M</b>	2.2 NAME	<b>BALDWIN, JOHN C.</b>
STREET ADDRESS	<b>100 NORTH TAMPA ST.</b>	2.3 STREET ADDRESS	<b>100 NORTH TAMPA STREET</b>
CITY-ST-ZIP	<b>TAMPA FL 33602</b>	2.4 CITY-ST-ZIP	<b>TAMPA, FLA 33602</b>
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CHARLET, KERRY</b>	3.2 NAME	
STREET ADDRESS	<b>100 NORTH TAMPA ST. #3400</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL 33602</b>	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KERN, LYNDIA</b>	4.2 NAME	<b>KERN, LYNDIA</b>
STREET ADDRESS	<b>1901 6TH AVE. NORTH</b>	4.3 STREET ADDRESS	<b>1901 6TH AVENUE NORTH</b>
CITY-ST-ZIP	<b>BIRMINGHAM AL 35288</b>	4.4 CITY-ST-ZIP	<b>BIRMINGHAM, AL 35203</b>
TITLE	T <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SMITH, ROBERT</b>	5.2 NAME	
STREET ADDRESS	<b>1901 6TH AVE. NORTH</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BIRMINGHAM AL 35288</b>	5.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CAUGHRAN, WILLIAM</b>	6.2 NAME	
STREET ADDRESS	<b>1901 6TH AVE. NORTH</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BIRMINGHAM AL 35288</b>	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 on an attachment with an address.

SIGNATURE: William Coughran **SIGNATURE REQUIRED** 4-29-97 205-326-4940  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
0627381

CH2E034 (9/96)