

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

FILED
Jun 17 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 # **G23993** (0)
1. Corporation Name
FORTUNE MORTGAGE CORPORATION

Principal Place of Business

Mailing Address

PO BOX 11007MPA ST.
ATTN: CORP. TAX
BIRMINGHAM AL 35228

PO BOX 11007MPA ST.
ATTN: CORP. TAX
BIRMINGHAM AL 35228



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26 P.O. BOX 11007		02/15/1983	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	
23 City & State		28 BIRMINGHAM, AL 35288		59-2272403	
24 Zip		29 Zip		5. Certificate of Status Desired	
25 Country		30 Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	

Applied For
Not Applicable

\$8.75 Additional
Fee Required

\$5.00 May Be
Added to Fees

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHARLET, KERRY
100 NORTH TAMPA ST.
TAMPA FL 33602

81 Name VALERIE L. KENDALL

82 Street Address (P.O. Box Number is Not Acceptable)
100 NORTH TAMPA STREET, #3400

83

84 City TAMPA,

FL

85 Zip Code
33602

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)

06/11/98

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/D	1.1 TITLE	Change Addition
NAME	SWAN, ALFRED W JR.	1.2 NAME	
STREET ADDRESS	100 NORTH TAMPA ST. #3400	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33602	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	Change Addition
NAME	BALDWIN, JOHN C	2.2 NAME	
STREET ADDRESS	100 N TAMPA ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	Change Addition
NAME	CHARLET, KERRY	3.2 NAME	VALERIE L. KENDALL
STREET ADDRESS	100 NORTH TAMPA ST. #3400	3.3 STREET ADDRESS	100 NORTH TAMPA ST #3400
CITY-ST-ZIP	TAMPA FL 33602	3.4 CITY-ST-ZIP	TAMPA, FL 33602
TITLE	AT	4.1 TITLE	Change Addition
NAME	KERN, LYNDIA	4.2 NAME	
STREET ADDRESS	1901 6TH AVE. NORTH	4.3 STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM AL	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	Change Addition
NAME	CAUGHRAN, WILLIAM	5.2 NAME	
STREET ADDRESS	1901 6TH AVE. NORTH	5.3 STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM AL 35288	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	Change Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

WILLIAM H. CAUGHRAN, SECRETARY

205-326-4940

CR2E034 (10/97)