

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

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Apr 29 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 # **G71964** (2)
1. Corporation Name
ALLEN C. EWING MORTGAGE AND REALTY, INC.



Principal Place of Business 100 N. TAMPA STREET 2100 TAMPA FL 33602 US	Mailing Address 100 N. TAMPA ST 2100 TAMPA FL 33602-5196 US
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3. Date Incorporated or Qualified 11/29/1983	3a. Date of Last Report 04/29/1996
4. FEI Number 59-2360541	Applied For <input type="checkbox"/> Not Applicable
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
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	25
29	30

9. Name and Address of Current Registered Agent
**BISHOP, BEJAMIN C.
50 N LAURA STREET SUITE 3625
SUITE 2100
JACKSONVILLE FL 32202**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	HARRIS, CHARLES E	
STREET ADDRESS	1030 N ORANGE AVE STE 300	
CITY - ST - ZIP	ORLANDO FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BISHOP, BENJAMIN C	
STREET ADDRESS	50 N. LAURA ST., SUITE 3625	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	EVD	<input checked="" type="checkbox"/> DELETE
NAME	D'ADAMO, JEFFREY A	
STREET ADDRESS	100 N TAMPA ST STE 300	
CITY - ST - ZIP	TAMPA FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HEDGECOCK, SUZANNE D	
STREET ADDRESS	1030 N ORANGE AVE STE 300	
CITY - ST - ZIP	ORLANDO FL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	ANDERSON, SHAARON	
STREET ADDRESS	50 N. LAURA ST., SUITE 3625	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	MCCRAW, ROY	
STREET ADDRESS	100 N. TAMPA ST., SUITE 2100	
CITY - ST - ZIP	TAMPA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(j), 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: *Benjamin C Bishop Jr* 4/23/97 904-354-5573
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)