FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

1995 MAY -1 AM 10:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K31512

1. Corporation Name

LIBERTY FINANCIAL MORTGAGE CORPORATION
~~2625 McCormick Drive, Suite 102~~
~~Clearwater, FL 34619~~

Principal Place of Business / Mailing Address

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
8/22/88	8/11/94

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For / Not Applicable
21 275 96th Ave. N.	26 Post Office Box 10604	59-2905384	
Suite, Apt. #, etc.: 22 Suite 2	Suite, Apt. #, etc.: 27	5. Certificate of Status Desired [X]	$8.75 Additional Fee Required
City & State: 23 St. Petersburg, FL	City & State: 28 St. Petersburg, FL	6. Election Campaign Financing Trust Fund Contribution [ ]	$5.00 May Be Added to Fees
Zip: 24 33702 Country: 25 USA	Zip: 29 33733 Country: 30 USA	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes [ ] Yes [ ] No	

9. Name and Address of Current Registered Agent

~~JARRELL BRITTS~~
~~29605 US 19 N #360~~
~~Clearwater, FL 34621~~

10. Name and Address of New Registered Agent

81 Name: G. BARRY WILKINSON
82 Street Address (P.O. Box Number is Not Acceptable): 696 1st Avenue North, #201
83
84 City: St. Petersburg FL 85 Zip Code: 33701

11. Pursuant to the provisions of Sections 607.0505 and 607.1008, 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] DATE: 4/19/95

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	~~D/P/S/T~~	11 TITLE	D/P/S/T [X] Change [ ] Addition
NAME	~~JARRELL BRITTS~~	12 NAME	RONALD E. CLAMPITT
STREET ADDRESS	~~29605 US 19 N #360~~	13 STREET ADDRESS	275 96th Avenue North, #2
CITY ST ZIP	~~Clearwater, FL 34621~~	14 CITY ST ZIP	St. Petersburg, FL 33702
TITLE		21 TITLE	VP [ ] Change [X] Addition
NAME		22 NAME	RONALD C. BAYLESS
STREET ADDRESS		23 STREET ADDRESS	275 96th Avenue North, #2
CITY ST ZIP		24 CITY ST ZIP	St. Petersburg, FL 33702
TITLE		31 TITLE	[redacted] Addition
NAME		32 NAME	700001472417
STREET ADDRESS		33 STREET ADDRESS	-05/03/95--01020--014
CITY ST ZIP		34 CITY ST ZIP	****208.75 ****208.75
TITLE		41 TITLE	[ ] Change [ ] Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	[ ] Change [ ] Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	[ ] Change [ ] Addition
NAME		62 NAME	gm
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	5-1

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: [signature] RONALD E. CLAMPITT, President 4/19/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #