

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

FILED  
Feb 11 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 # K62189 (1)  
1. Corporation Name  
EASTERN MORTGAGE CORPORATION

Principal Place of Business  
8380 BAYMEADOWS RD  
SUITE 9  
JACKSONVILLE FL 32256  
US

Mailing Address  
350-80 US HWY 19  
PALM HARBOR FL 34684  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 8380 BAYMEADOWS Rd. #9		01/31/1989	
22 City & State		27		4. FEI Number	
23 Zip		28 JACKSONVILLE FL		59-2932139	
24 Country		29 32256		5. Certificate of Status Desired	
		30 DUVAL		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
				9. Name and Address of Current Registered Agent	
				10. Name and Address of New Registered Agent	

LEWIS, DAVID B  
8380 BAYMEADOWS RD  
SUITE 9  
JACKSONVILLE FL 32256

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	
NAME	LEWIS, DAVID B	1.2 NAME	
STREET ADDRESS	12969 FALLENTREE DR N	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	v.p.
NAME	LEITNER, PHILIP	2.2 NAME	Touchton, Allen
STREET ADDRESS	2206 NW 3RD PL	2.3 STREET ADDRESS	7768 LYNCHBURG CT. E.
CITY-ST-ZIP	GAINESVILLE FL	2.4 CITY-ST-ZIP	JACKSONVILLE, FL 32277
TITLE	VP	3.1 TITLE	
NAME	BERRY, BENNIE J	3.2 NAME	BERRY, Bonnie J
STREET ADDRESS	1541 6TH AVE N	3.3 STREET ADDRESS	Same address
CITY-ST-ZIP	JACKSONVILLE BCH FL	3.4 CITY-ST-ZIP	
TITLE	ST	4.1 TITLE	
NAME	BISHOP, MELISSA	4.2 NAME	Melissa Bishop
STREET ADDRESS	1320 4TH ST S BLDG APT C	4.3 STREET ADDRESS	1715 Hodges Blvd #2916
CITY-ST-ZIP	JACKSONVILLE BCH FL	4.4 CITY-ST-ZIP	Jacksonville, FL 32224
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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.

SIGNATURE: \_\_\_\_\_ 2/5/98 (Gru) 729-9898

CR2E034 (10/97)