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Feb 07 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **L10525** (8)
1. Corporation Name
INDEPENDENCE MORTGAGE CORPORATION OF AMERICA

Principal Place of Business Mailing Address
% NATHAN CHITTY
2699 LEE RD., SUITE 600
WINTER PARK FL 32789



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/21/1989		3a. Date of Last Report 05/01/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-2969256		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 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 ADAMS, RICHARD H., JR. 940 HIGHLAND AVENUE ORLANDO FL 32803				10. Name and Address of New Registered Agent			
				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

Signature, typed or printed 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	C <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMEDLEY, ROBERT O	1.2 NAME	SCHWARTZ, PATRICIA A.
STREET ADDRESS	2699 LEE RD SUITE 600	1.3 STREET ADDRESS	500 MELROSE ST.
CITY-ST-ZIP	WINTER PARK FL	1.4 CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	DP <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAUER, EDWARD J	2.2 NAME	FRANCES S. PIGNONE
STREET ADDRESS	2699 LEE RD, SUITE 600	2.3 STREET ADDRESS	1720 GATLIN AV.
CITY-ST-ZIP	WINTER PARK FL 32789	2.4 CITY-ST-ZIP	ORLANDO, FL 32806
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICHART, ROSE M	3.2 NAME	THOMAS B. HURY
STREET ADDRESS	2699 LEE RD., STE. 600	3.3 STREET ADDRESS	2699 LEE RD., STE 600
CITY-ST-ZIP	WINTER FL	3.4 CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMS, RICHARD H., JR.	4.2 NAME	
STREET ADDRESS	940 HIGHLAND AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WITTENSTEIN, JOSEPH	5.2 NAME	
STREET ADDRESS	1812 IVANHOE ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURPHY, J. MICHAEL	6.2 NAME	
STREET ADDRESS	11042 LAKE BUTLER BLVD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	WINDERMERE FL	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:

Thomas B. Hury **THOMAS B. HURY, SR. VICE PRESIDENT** 1-30-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)