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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT <b>1995</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # L19113 (4)**

1. Corporation Name  
**FLORIDA FED SERVICING, INC.**

Principal Place of Business <b>245 PEACHTREE CENTER AVE. STE. #1100 ATLANTA GA 30303 US</b>	Mailing Address <b>245 PEACHTREE CENTER AVE. STE. #1100 ATLANTA GA 30303 US</b>
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DO NOT WRITE IN THIS SPACE.

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

3. Date incorporated or Qualified <b>09/28/1989</b>	3a. Date of Last Report <b>05/01/1994</b>
4. FEI Number <b>59-2979556</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>DP</b>
NAME	<b>STRICKLAND, EDD</b>
STREET ADDRESS	<b>245 PEACHTREE CENTER AVE., #1100</b>
CITY - ST - ZIP	<b>ATLANTA GA</b>
TITLE	<b>DV</b>
NAME	<b>CORRIGAN, RICHARD</b>
STREET ADDRESS	<b>245 PEACHTREE CENTER AVE., #1100</b>
CITY - ST - ZIP	<b>ATLANTA GA</b>
TITLE	<b>ST</b>
NAME	<b>SMARTT, ROBERT L.</b>
STREET ADDRESS	<b>245 PEACHTREE CENTER AVE., #1100</b>
CITY - ST - ZIP	<b>ATLANTA GA</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Strickland, Edd (Resigned)</b>
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>J. Michael Barganier</b>
2.3 STREET ADDRESS	<b>245 Peachtree Center Ave., N.E., #1100</b>
2.4 CITY - ST - ZIP	<b>Atlanta, GA 30303</b>
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Director/Asst. Secretary Deborah Y. Chandler</b>
3.3 STREET ADDRESS	<b>245 Peachtree Center Ave., N.E., #1100</b>
3.4 CITY - ST - ZIP	<b>Atlanta, GA 30303</b>
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	<b>400001390534</b>
5.3 STREET ADDRESS	<b>-01/26/95--01075-019</b>
5.4 CITY - ST - ZIP	<b>*****208.75 *****208.75</b>
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 checked, or on an attachment with an address.

SIGNATURE: *Richard Corrigan*, Richard Corrigan, Vice Pres. 1/13/95 (404) 225-5062

*1/23/95 MJS*