

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

FILED

**Mar 24 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 # L19113

(4)

1. Corporation Name
FLORIDA FED SERVICING, INC.



Principal Place of Business

Mailing Address

**100 COLONY SQ. BOX 68
STE. #2200
ATLANTA GA 30361
US**

**100 COLONY SQ. BOX 68
STE. #2200
ATLANTA GA 30361-6206
US**

3. Date Incorporated or Qualified
09/28/1989

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 **1201 W. Peachtree ST, NE**
Suite, Apt. #, etc.

26 **1201 W. Peachtree ST, NE**
Suite, Apt. #, etc.

22 **Suite 1800**
City & State

27 **Suite 1800**
City & State

23 **Atlanta, GA**
Zip

28 **Atlanta, GA**
Zip

24 **30309-3415** Country

29 **30309-3415** 30 Country

4. FEI Number
59-2979556

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input type="checkbox"/> DELETE
NAME	CORRIGAN, RICHARD	
STREET ADDRESS	100 COLONY SQ. BOX 68	
CITY-ST-ZIP	ATLANTA GA 30361	
TITLE	DVPS	<input type="checkbox"/> DELETE
NAME	RAY, PATRICIA J.	
STREET ADDRESS	100 COLONY SQ. BOX 68	
CITY-ST-ZIP	ATLANTA GA 30361	
TITLE	DVPS	<input type="checkbox"/> DELETE
NAME	FARRELL, CHARLES P.	
STREET ADDRESS	100 COLONY SQ. BOX 68	
CITY-ST-ZIP	ATLANTA GA 30361	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	ROSSETTI, JOHN P	
STREET ADDRESS	100 COLONY SQ. BOX 68	
CITY-ST-ZIP	ATLANTA GA 30361	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	1201 W. Peachtree ST, NE, Suite 1800
1.4 CITY-ST-ZIP	Atlanta, GA 30309-3415
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	1201 W. Peachtree ST, NE, Suite 1800
2.4 CITY-ST-ZIP	Atlanta, GA 30309-3415
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	1201 W. Peachtree ST, NE, Suite 1800
3.4 CITY-ST-ZIP	Atlanta, GA 30309-3415
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	1201 W. Peachtree ST, NE, Suite 1800
4.4 CITY-ST-ZIP	Atlanta, GA 30309-3415
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)(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 AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Patricia J. Ray, Vice President

2/18/97 (404) 87-2567

CR2E034 (9/96)