

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

FILED
May 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # P19590 (9)
 1. Corporation Name
MERCANTILE MORTGAGE COMPANY



Principal Place of Business 5100 W. KENNEDY BLVD SUITE 180 TAMPA FL 33609 US	Mailing Address 5100 W. KENNEDY BLVD. SUITE 180 TAMPA FL 33609 US
---	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/09/1988	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number 36-3570056	Applied For <input type="checkbox"/> Not Applicable
23 Zip	25 Country	29 Zip	30 Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

**NOBLE, MARK A
 5100 W. KENNEDY BLVD.
 SUITE 180
 TAMPA FL 33609**

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
5445 Mariner Street
63 Suite 215
64 City
Tampa
65 Zip Code
FL 33609

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 PD	NAME NOBLE, RONALD B.	1.1 TITLE C/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 617 STONEFIELD LOOP	CITY-ST-ZIP HEATHROW FL	1.2 NAME	
TITLE STD	NAME SILVEOUS, C. DANIEL	1.3 STREET ADDRESS	
STREET ADDRESS 690 BUNTY STATION RD.	CITY-ST-ZIP DELAWARE OH	1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE V	NAME NOBLE, MARK A.	2.1 TITLE C/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1953 PROMENADE WAY	CITY-ST-ZIP CLEARWATER FL	2.2 NAME	
TITLE AS	NAME NOBLE, S.L.	2.3 STREET ADDRESS	
STREET ADDRESS 617 STONEFIELD LOOP	CITY-ST-ZIP HEATHROW FL	2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE P/D	NAME Brant D. Silveous	3.1 TITLE V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 3416 Olentangy River Road	CITY-ST-ZIP Delaware, OH 43015	3.2 NAME	
TITLE S/T	NAME Sherri K. Laisure	3.3 STREET ADDRESS 3733 Johnathon Ave.	
STREET ADDRESS 5288 Mardela Drive	CITY-ST-ZIP Westerville, OH 43081	3.4 CITY-ST-ZIP Palm Harbor, FL 34685	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	4.1 TITLE	
STREET ADDRESS	CITY-ST-ZIP	4.2 NAME	
TITLE	NAME	4.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	NAME	5.1 TITLE P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	5.2 NAME	
TITLE	NAME	5.3 STREET ADDRESS 3416 Olentangy River Road	
STREET ADDRESS	CITY-ST-ZIP	5.4 CITY-ST-ZIP Delaware, OH 43015	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	NAME	6.1 TITLE S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	6.2 NAME	
TITLE	NAME	6.3 STREET ADDRESS 5288 Mardela Drive	
STREET ADDRESS	CITY-ST-ZIP	6.4 CITY-ST-ZIP Westerville, OH 43081	

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: _____ **Mark A Noble** 012-636-0261

CR2E034 (10/97)