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May 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 # P19984 (4)

1. Corporation Name
OCWEN MANUFACTURING GROUP, INC.

Principal Place of Business
1675 PALM BEACH LAKES BLVD
SUITE 1002
WEST PALM BEACH FL 33401
US

Mailing Address
1675 PALM BEACH LAKES BLVD
SUITE 1002
WEST PALM BEACH FL 33401-2119
US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 07/08/1988	3a. Date of Last Report 04/18/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 65-0060363	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

ERBEY, JOHN R.
1675 PALM BEACH LAKES BLVD
SUITE 1002
WEST PALM BEACH FL 33401

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
FL

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	1.1 TITLE	C
NAME	ERBEY, WILLIAM C.	1.2 NAME	
STREET ADDRESS	1675 PALM BEACH LAKES BLVD #1002	1.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	1.4 CITY-ST-ZIP	
TITLE	C	2.1 TITLE	
NAME	BROWN, RORY A.	2.2 NAME	
STREET ADDRESS	1675 PALM BEACH LAKES BLVD STE 1002	2.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	2.4 CITY-ST-ZIP	
TITLE	MCFO	3.1 TITLE	
NAME	REICH, CHRISTINE A.	3.2 NAME	
STREET ADDRESS	1675 PALM BEACH LAKES BLVD SYE 1002	3.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	3.4 CITY-ST-ZIP	
TITLE	SVP	4.1 TITLE	
NAME	BARNES, JOHN R.	4.2 NAME	
STREET ADDRESS	1675 PALM BEACH LAKES BLVD STE 1002	4.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	4.4 CITY-ST-ZIP	
TITLE	MS	5.1 TITLE	
NAME	ERBEY, JOHN R.	5.2 NAME	
STREET ADDRESS	1675 PALM BEACH LAKES BLVD STE 1002	5.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	5.4 CITY-ST-ZIP	
TITLE	SVPA	6.1 TITLE	SVPA
NAME	WILHOIT, STEPHEN C.	6.2 NAME	DLUTOWSKI, JOSEPH A.
STREET ADDRESS	1675 PALM BEACH LAKES BLVD STE 1002	6.3 STREET ADDRESS	1675 PALM BEACH LAKES BLVD., #1002
CITY-ST-ZIP	WEST PALM BEACH FL	6.4 CITY-ST-ZIP	WEST PALM BEACH FL

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, changed, or as an attachment with an address.

SIGNATURE: _____ DATE: _____ DAYTIME PHONE: 561-681-8000
SIGNATURE AND PRINTED NAME OF JOSEPH A. DLUTOWSKI, VICE PRESIDENT

CR2E034 (9/96)