

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
 Feb 16 1996 8:00 am
 Secretary of State

DOCUMENT # P93000006613 (2)

1. Corporation Name

1ST AMERICAN MORTGAGE AND LENDING COMPANY, INC.



Principal Place of Business

Mailing Address

2536 COUNTRYSIDE BLVD.
 CLEARWATER FL 34623

2536 COUNTRYSIDE BLVD.
 CLEARWATER FL 34623

2. Principal Place of Business

2a. Mailing Address

21 2536 Countryside Blvd
 Subst. Apt. #, etc.

26 2536 Countryside Blvd
 Subst. Apt. #, etc.

22 Third Floor
 City & State

27 Sixth Floor
 City & State

23 Clearwater, Florida
 Zip Country

28 Clearwater, Florida
 Zip Country

24 34623 25 US

29 34623 30 US

g. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

01/22/1993

3a. Date of Last Report

04/11/1995

4. FEI Number

59-3164713

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

10. Name and Address of New Registered Agent

DOUDNA, HEATHER L
 2536 COUNTRYSIDE BLVD., SIXTH FLOOR
 CLEARWATER FL 34623

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 607.1505, 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 of Registered Agent

Full Registered Agent signature required when changing

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11.1 TITLE	PC	<input type="checkbox"/> DELETE
11.2 NAME	BOESCH, GARY R	
11.3 STREET ADDRESS	2536 COUNTRYSIDE BLVD.	
11.4 CITY-STATE-ZIP	CLEARWATER FL	
11.5 TITLE	DS	<input checked="" type="checkbox"/> DELETE
11.6 NAME	HULETT, ROBERT F	
11.7 STREET ADDRESS	2536 COUNTRYSIDE BLVD	
11.8 CITY-STATE-ZIP	CLEARWATER FL	
11.9 TITLE	T	<input type="checkbox"/> DELETE
11.10 NAME	THORNTON, R. M	
11.11 STREET ADDRESS	2536 COUNTRYSIDE BOULEVARD	
11.12 CITY-STATE-ZIP	CLEARWATER FL	
11.13 TITLE		<input type="checkbox"/> DELETE
11.14 NAME		
11.15 STREET ADDRESS		
11.16 CITY-STATE-ZIP		
11.17 TITLE		<input type="checkbox"/> DELETE
11.18 NAME		
11.19 STREET ADDRESS		
11.20 CITY-STATE-ZIP		

13.1 TITLE	D/C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME	Boesch, Gary R	
13.3 STREET ADDRESS	2536 Countryside Blvd	
13.4 CITY-STATE-ZIP	Clearwater, FL 34623	
13.5 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 NAME		
13.7 STREET ADDRESS		
13.8 CITY-STATE-ZIP		
13.9 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10 NAME	P/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
13.11 NAME	Johansen, Fred	
13.12 STREET ADDRESS	2536 Countryside Blvd, Third Floor	
13.13 CITY-STATE-ZIP	Clearwater, FL 34623	
13.14 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.15 NAME		
13.16 STREET ADDRESS		
13.17 CITY-STATE-ZIP		
13.18 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.19 NAME		
13.20 STREET ADDRESS		
13.21 CITY-STATE-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 119.07(3)(g), 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 in a statement with an address.

SIGNATURE *R. Maury Thornton* R. Maury Thornton, Treas 2/6/96 (813)726-0726

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Telephone Number

CR2E034 (12/95)