

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Jun 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997-1998	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000094285 (1)**

1. Corporation Name:

ANCHOR MORTGAGE LENDING, INC.



Principal Place of Business		Mailing Address	
214 LAKE HARRIS DRIVE LAKELAND FL 33813 5545 Harrell's Nursery Rd. Lakeland, Fl. 33813		214 LAKE HARRIS DRIVE LAKELAND FL 33813 SAME	
2. Principal Place of Business	2a. Mailing Address	DO NOT WRITE IN THIS SPACE	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	3. Date Incorporated or Qualified	3a. Date of Last Report
22 City & State	27 City & State	12/29/1994	05/01/1995 9-1-97
23 Zip	28 Zip	4. FEI Number	Applied For
24 Country	29 Country	59-3285360	<input type="checkbox"/> Not Applicable

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
WELLS, SANDRA J 214 LAKE HARRIS DRIVE LAKELAND FL 33813 5545 Harrell's Nursery Rd. Lakeland, Fl. 33813		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83 City	
		84 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: *Sandra J Wells* (Signature of person or persons authorized to register and file this report) (NOTE: Registered Agent's signature required when registering) DATE: **4-28-98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELLS, SANDRA J	1.2 NAME	
STREET ADDRESS	784 SAGEWOOD DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33813	1.4 CITY-ST-ZIP	
TITLE	VTD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KING, HEATHER R	2.2 NAME	
STREET ADDRESS	6040 CREWS LAKE RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33813	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Sandra J Wells* DATE: **4-28-98**

CR2E034 (4/97)