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1998 JUN 12 PM 12:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P97000008534 (4) 1. Corporation Name ABC MORTGAGE & INVESTMENTS, INC.		
Principal Place of Business 2207 N.W. 2ND AVENUE GAINESVILLE FL 32603-1404	Mailing Address 2207 N.W. 2ND AVENUE GAINESVILLE FL 32603-1404	

2. Principal Place of Business 21 3500 SW Second Ave. Suite, Apt. #, etc. 22 Suite 1 City & State 23 Gainesville, FL Zip 24 32607		2a. Mailing Address 26 3500 SW Second Ave. Suite, Apt. #, etc. 27 Suite 1 City & State 28 Gainesville, FL Zip 29 32607		3. Date Incorporated or Qualified 01/23/1997	
25 Alachua		30 Alachua		4. FEI Number 59-3419825	
9. Name and Address of Current Registered Agent GERDON, JOHN F 2207 N.W. 2ND AVENUE GAINESVILLE FL 32603-1404		10. Name and Address of New Registered Agent		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
83		84 City		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
85 Zip Code		86		10. Name and Address of New Registered Agent	

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	NAME	11 TITLE	12 NAME
STREET ADDRESS	CITY-ST-ZIP	13 STREET ADDRESS	14 CITY-ST-ZIP
TITLE	NAME	21 TITLE	22 NAME
STREET ADDRESS	CITY-ST-ZIP	23 STREET ADDRESS	24 CITY-ST-ZIP
TITLE	NAME	31 TITLE	32 NAME
STREET ADDRESS	CITY-ST-ZIP	33 STREET ADDRESS	34 CITY-ST-ZIP
TITLE	NAME	41 TITLE	42 NAME
STREET ADDRESS	CITY-ST-ZIP	43 STREET ADDRESS	44 CITY-ST-ZIP
TITLE	NAME	51 TITLE	52 NAME
STREET ADDRESS	CITY-ST-ZIP	53 STREET ADDRESS	54 CITY-ST-ZIP
TITLE	NAME	61 TITLE	62 NAME
STREET ADDRESS	CITY-ST-ZIP	63 STREET ADDRESS	64 CITY-ST-ZIP

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 _____

CR2E034 (10/97)