

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

FILED
May 11 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000016209 (3)
 1. Corporation Name
EAGLE RIVER MORTGAGE ASSOCIATES, INC.



Principal Place of Business 1101 N LAKE DESTINY RD SUITE 115 MATLAND FL 32751	Mailing Address 1101 N LAKE DESTINY RD SUITE 115 MATLAND FL 32751
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 670 N. Orlando Ave. Suite, Apt. #, etc. 22 #1004B City & State 23 Maitland, Fl. Zip 24 32751		2a. Mailing Address 26 670 N. Orlando Ave. Suite, Apt. #, etc. 27 #1004B City & State 28 Maitland, Fl. Zip 29 32751		3. Date Incorporated or Qualified 01/24/1997	
Country 25 USA		Country 30 USA		4. FEI Number 59-3427765 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		8. \$5.00 May Be Added to Fees			

9. Name and Address of Current Registered Agent PLUNKETT, JOHN V 1101 N LAKE DESTINY RD SUITE 115 MATLAND FL 32751				10. Name and Address of New Registered Agent			
81 Name John V Plunkett		82 Street Address (P.O. Box Number is Not Acceptable) 670 N. Orlando Ave.		83 Suite 1004B			
84 City Maitland		85 Zip Code FL 32751					

11. Pursuant to the provisions of Sections 607.0505 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 *[Signature]* DATE **4/21/98**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PERDUE, JEFFREY E		1.2 NAME		
STREET ADDRESS	1101 N LAKE DESTINY RD, STE 115		1.3 STREET ADDRESS		
CITY - ST - ZIP	MATLAND FL 32751		1.4 CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PLUNKETT, JOHN V		2.2 NAME		
STREET ADDRESS	1101 N LAKE DESTINY RD, STE 115		2.3 STREET ADDRESS		
CITY - ST - ZIP	MATLAND FL 32751		2.4 CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE	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		<input type="checkbox"/> DELETE	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		<input type="checkbox"/> DELETE	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		<input type="checkbox"/> DELETE	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 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 *[Signature]* DATE **4/21/98**

CR2E034 (10/97)