

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

FILED
May 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # P97000026175 (4)

1. Corporation Name
A & A MORTGAGE, INC.



Principal Place of Business 1300 EXECUTIVE CENTER DRIVE SUITE 100 TALLAHASSEE FL 32301	Mailing Address 1300 EXECUTIVE CENTER DRIVE SUITE 100 TALLAHASSEE FL 32301
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1311 EXECUTIVE CENTER DR. Suite, Apt. #, etc. 22 Suite 206 City & State 23 TALLAHASSEE, FL Zip 24 32301		2a. Mailing Address 26 1311 Executive Center Drive Suite, Apt. #, etc. 27 Suite 206 City & State 28 TALLAHASSEE, FL Zip 29 32301		3. Date Incorporated or Qualified 03/24/1997	
				4. FEI Number 59-3434686	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent WILLIS, STEPHEN C P.A. 2818-A KIKIERANE DRIVE TALLAHASSEE FL 32308		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 NAME STREET ADDRESS CITY-ST-ZIP	D KENT, SANDRA LEE 1300 EXECUTIVE CENTER DRIVE, SUITE 100 TALLAHASSEE FL 32301	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	D KENT, SANDRA LEE 1311 EXECUTIVE CENTER DRIVE, SUITE 206 TALLAHASSEE, FL 32301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KENT, DONALD CHRIS 1300 EXECUTIVE CENTER DRIVE, SUITE 100 TALLAHASSEE FL 32301	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	D KENT, DONALD CHRIS 1311 EXECUTIVE CENTER DRIVE, SUITE 206 TALLAHASSEE, FL 32301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOYLE, KENNETH P 521 EAST MOREHEAD STREET, SUITE 530 CHARLOTTE NC 28202	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 in an attachment with an address.

SIGNATURE _____ 4-12-98 850944-1119

CR2E034 (10/97)