

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

FILED

Feb 02 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000068398 (1)

1. Corporation Name
LIBERTY MORTGAGE, INC.

Principal Place of Business
309 SWEETBRIAR BRANCH LANE
JACKSONVILLE FL 32259

Mailing Address
309 SWEETBRIAR BRANCH LANE
JACKSONVILLE FL 32259



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/06/1997

4. FEI Number

59-3464373

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.



Yes



No

2. Principal Place of Business

21 3063 HARTLEY Rd.

Suite, Apt. #, etc.

22 STE 1

City & State

23 Jacksonville, FL

Zip

24 32257

Country

25 DUVAL

2a. Mailing Address

26 3063 HARTLEY Rd.

Suite, Apt. #, etc.

27 STE 1

City & State

28 Jacksonville, FL

Zip

29 32267

Country

30 DUVAL

9. Name and Address of Current Registered Agent

WATSON, TODD
7785 BAYMEADOWS WAY, STE. 107
JACKSONVILLE FL 32257

10. Name and Address of New Registered Agent

81 Name

ELBERT G COOMER

82 Street Address (P.O. Box Number is Not Acceptable)

3063 HARTLEY Rd. STE 1

83

84 City

JACKSONVILLE

FL

85 Zip Code

32257

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 607.0606, Florida Statutes.

SIGNATURE

[Signature]

(NOTE: Registered Agent signature required when reinstating)

1-23-98

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
COOMER, ELBERT G
309 SWEETBRIAR BRANCH LANE
JACKSONVILLE FL 32259

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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]

1-23-98 904-288-9800

CP2E034 (10/97)