

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

FILED

**May 06 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 # S71209 (8)
1. Corporation Name
OCWEN FINANCIAL CORPORATION II

Principal Place of Business 1675 PALM BEACH LAKES BLVD. SUITE 1002 WEST PALM BEACH FL 33401 US	Mailing Address 1675 PALM BEACH LAKES BLVD. SUITE 1002 WEST PALM BEACH FL 33401 US
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DO NOT WRITE IN THIS SPACE

21 2. Principal Place of Business	2a. Mailing Address
Suite, Apt. #, etc	Suite, Apt. #, etc
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country

3. Date Incorporated or Qualified 08/06/1991	
4. FEI Number 65-0348229	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"/>	\$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 type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**ERBEY, JOHN R.
1675 PALM BEACH LAKES BLVD., STE. 1002
WEST PALM BEACH FL 33401**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DCEO <input type="checkbox"/> DELETE
NAME	ERBEY, WILLIAM C
STREET ADDRESS	1675 PALM BEACH LAKES BLVD., STE. 1002
CITY-ST-ZIP	W PALM BEACH FL
TITLE	SVP <input type="checkbox"/> DELETE
NAME	BARNES, JOHN R
STREET ADDRESS	1675 PALM BEACH LAKES BLVD., STE. 1002
CITY-ST-ZIP	W PALM BEACH FL
TITLE	MCFO <input type="checkbox"/> DELETE
NAME	REICH, CHRISTINE A.
STREET ADDRESS	1675 PALM BEACH LAKES BLVD., STE. 1002
CITY-ST-ZIP	W PALM BEACH FL
TITLE	MS <input type="checkbox"/> DELETE
NAME	ERBEY, JOHN R.
STREET ADDRESS	1675 PALM BEACH LAKES BLVD., STE. 1002
CITY-ST-ZIP	W PALM BEACH FL
TITLE	SVPA <input type="checkbox"/> DELETE
NAME	DLUTOWSKI, JOSEPH A
STREET ADDRESS	1675 PALM BEACH LAKES BLVD., STE. 1002
CITY-ST-ZIP	W PALM BEACH FL
TITLE	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *John Barnes* **JOHN B. BARNES** 4-29-98 561-682-8000

CR2E034 (10/97)