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May 05 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # V01774
1. Corporation Name
PURITY FINANCIAL CORP.

(1)



Principal Place of Business

2800 DAUPHIN ST.
MOBILE AL 36608

Mailing Address

C/O THOMAS E. MITCHELL
OEN EAST FOURTH ST. 8TH FLOOR
CINCINNATI OH 45202

3. Date incorporated or Qualified
12/12/1991

3a. Date of Last Report
08/02/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number
59-3084815

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 has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WATSON, JOHN BERT
774 S.R. 13
SUITE 11
MANDARIN FL 32259

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME WATSON, JOHN BERT
STREET ADDRESS 1164 NATURES HAMMOCK RD
CITY-ST-ZIP JACKSONVILLE FL

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

TITLE DCEO
NAME HOWARD, R.M.
STREET ADDRESS 7001 CHARLOTTE OAKS DR S
CITY-ST-ZIP MOBILE AL

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

TITLE DVPT
NAME SAMPLES, W.R.
STREET ADDRESS 7340 CHERYL COURT
CITY-ST-ZIP MOBILE AL

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

TITLE V
NAME DAHMER, EDWARD C
STREET ADDRESS 2800 DAUPHIN ST.
CITY-ST-ZIP MOBILE AL 36608

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

TITLE S
NAME HUGHES, LARRY W.
STREET ADDRESS 117 DUNBAR LOOP
CITY-ST-ZIP DAPHNE AL

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Assistant Treasurer
Mischell, Thomas E.
One East Fourth Street - 8th Floor
Cincinnati, OH 45202

14. I do 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:

Thomas E. Mischell

Thomas E. Mischell
Assistant Treasurer

4/22/97 (513) 579-2171

CR2E034 (9/96)