

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

FILED

**May 14 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 # V01774 (1)
 1. Corporation Name
PURITY FINANCIAL CORP.

Principal Place of Business 2800 DAUPHIN ST. MOBILE AL 36606	Mailing Address C/O THOMAS E. MITCHELL OEN EAST FOURTH ST. 8TH FLOOR CINCINNATI OH 45202
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 525 Vine Street Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 City & State 23 Cincinnati, OH	27 City & State
24 Zip 45202	25 Country US
28 Zip	30 Country

3. Date Incorporated or Qualified 12/12/1991	
4. FEI Number 59-3084815	Applied For 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 checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**WATSON, JOHN BERT
774 S.R. 13
SUITE 11
MANDARIN FL 32259**

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

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-appointing)

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WATSON, JOHN BERT 1164 NATURES HAMMOCK RD JACKSONVILLE FL <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO HOWARD, R.M. 7001 CHARLOTTE OAKS DR S MOBILE AL <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPT SAMPLES, W.R. 7340 CHERYL COURT MOBILE AL <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DAHMER, EDWARD C 2800 DAUPHIN ST. MOBILE AL 36606 <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HUGHES, LARRY W. 117 DUNBAR LOOP DAPHNE AL <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MISCHELL, THOMAS E. 1 E 4TH ST 8TH FLOOR CINCINNATI OH <input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	DP CHAPEL, M. STEVEN 525 VINE STREET CINCINNATI, OH 45202 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	T ELLIS, WILLIAM C. 525 VINE STREET CINCINNATI, OH 45202 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	DVP SAMPLES, W. RANDOLPH 2800 DAUPHIN STREET MOBILE AL 36606 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	V 525 VINE STREET CINCINNATI OH 45202 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	DS 2800 DAUPHIN STREET MOBILE AL 36606 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	AT OH 45202 <input checked="" 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 on an attachment with an address.

SIGNATURE *Thomas E. Mischell* Thomas E. Mischell Assistant Treasurer 4/20/98 (513) 579-2171

CR2E034 (10/97)