

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P12913 (0)**

1. Corporation Name
ACCUBANC MORTGAGE CORPORATION



Principal Place of Business Mailing Address
**12377 MERIT DR #600
P O BOX 809089
DALLAS TX 75380**

3. Date Incorporated or Qualified **01/15/1987** 3a. Date of Last Report **05/01/1995**
4. FEI Number **75-1831365** 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

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
24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 **100001835381
-05/22/96--01094--050**
84 City *****200.00** 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 re-registering) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	EVP	<input type="checkbox"/> DELETE
NAME	HICKMAN, KENNETH G	
STREET ADDRESS	5713 WILLOWBROOK	
CITY-ST-ZIP	ROWLETT TX	
TITLE	CEO	<input type="checkbox"/> DELETE
NAME	STARKEY, WILLIAM R.	
STREET ADDRESS	ONE BRAEMORE PLACE	
CITY-ST-ZIP	DALLAS TX	
TITLE	EVP	<input type="checkbox"/> DELETE
NAME	MUNFORD, JAMES K	
STREET ADDRESS	1599 W COSTILLA PLACE	
CITY-ST-ZIP	LITTLETON CO	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GILLEY, GAREY	
STREET ADDRESS	4320 BELLAIR DRIVE SOUTH	
CITY-ST-ZIP	FT. WORTH TX	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MILLER, FRED	
STREET ADDRESS	8915 VISTA VIEW DRIVE	
CITY-ST-ZIP	DALLAS TX 75243	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GARCIA, RUDOLFO	
STREET ADDRESS	98 HOLLYMEAD	
CITY-ST-ZIP	THE WOODLAND TX 77381	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DEVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Kenneth G. Hickman	
1.3 STREET ADDRESS	12377 Merit Dr., Suite 600	
1.4 CITY-ST-ZIP	Dallas, TX 75251	
2.1 TITLE	D/CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	William R. Starkey	
2.3 STREET ADDRESS	12377 Merit, Suite 600	
2.4 CITY-ST-ZIP	Dallas, TX 75251	
3.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	James K. Munford	
3.3 STREET ADDRESS	12377 Merit, Suite 600	
3.4 CITY-ST-ZIP	Dallas, TX 75251	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Mark J. Riedy	
4.3 STREET ADDRESS	12377 Merit, Suite 600	
4.4 CITY-ST-ZIP	Dallas, TX 75251	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Bernard L. Weinstein	
5.3 STREET ADDRESS	Avenue C at Chestnut-Univ. of N. Texas	
5.4 CITY-ST-ZIP	Denton, TX 76203	
6.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Harry D. Pallick	
6.3 STREET ADDRESS	12377 Merit, Suite 600	
6.4 CITY-ST-ZIP	Dallas, TX 75251	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Harry D. Pallick* **Harry D. Pallick** 4/26/96 800-457-1600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)