

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

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Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90112 017 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P12913

1. Corporation Name
ACCUBANC MORTGAGE CORPORATION

Principal Place of Business 12377 MERIT DR #600 P O BOX 809089 DALLAS TX 75380	Mailing Address 12377 MERIT DR #600 P O BOX 809089 DALLAS TX 75380
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip	29 Zip
25 Country	30 Country

3. Date Incorporated or Qualified 01/15/1987
4. FEI Number 75-1831365
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 the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DEVP <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HICKMAN, KENNETH G	1.2 NAME	James B. Gardner
STREET ADDRESS	12377 MERIT DR, #600	1.3 STREET ADDRESS	1700 Pacific Avenue, #1400
CITY-ST-ZIP	DALLAS TX 75251	1.4 CITY-ST-ZIP	Dallas, TX 75201
TITLE	DCEO <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STARKEY, WILLIAM R	2.2 NAME	
STREET ADDRESS	12377 MERIT DR, #600	2.3 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX 75251	2.4 CITY-ST-ZIP	
TITLE	DPP <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUNFORD, JAMES K	3.2 NAME	
STREET ADDRESS	12377 MEIRT, SUITE 600	3.3 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX 75251	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIEDY, MARK J	4.2 NAME	
STREET ADDRESS	12377 MERIT, SUITE 600	4.3 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX 75251	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEINSTEIN, BERNARD L.	5.2 NAME	
STREET ADDRESS	AVENUE C AT CHESTNUT-UNIV. OF N. TEXAS	5.3 STREET ADDRESS	
CITY-ST-ZIP	DENTON TX 76203	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARCIA, RUDOLFO	6.2 NAME	
STREET ADDRESS	98 HOLLYMEAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	THE WOODLAND TX 77381	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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Kenneth Hickman, Ex. Vice President 3/18/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)