



UCC FINANCING STATEMENT AMENDMEN	T		
FOLLOW INSTRUCTIONS (front and back) CAREFULLY  A. NAME & PHONE OF CONTACT AT FILER [optional]			
A. INAME & PROME OF CONTACT AT FILLIN [optional]			
B. SEND ACKNOWLEDGMENT TO: (Name and Address)	······································		
LexisNexis Document Solutions 801 Adlai Stevenson Drive Springfield, IL 62703			
8934689-1	THE ABOVE SPA	CE IS FOR FILING OFFICE USE O	NI Y
1a. INITIAL FINANCING STATEMENT FILE # 1995-26031		1b. This FINANCING STATEMENT ANd to be filed [for record] (or recorded REAL ESTATE RECORDS.	MENDMENT is
2. X TERMINATION: Effectiveness of the Financing Statement identified above is	s terminated with respect to security interest(s) of the S		Statement
3. CONTINUATION: Effectiveness of the Financing Statement identified above continued for the additional period provided by applicable law.	ve with respect to security interest(s) of the Secured	Party authorizing this Continuation State	ment is
4. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and a	address of assignee in item 7c; and also give name of a	assignor in item 9.	
5. AMENDMENT (PARTY INFORMATION): This Amendment affects De	——————————————————————————————————————	e of these two boxes.	
Also check <u>one</u> of the following three boxes <u>and</u> provide appropriate information in its CHANGE name and/or address: Please refer to the detailed instructions in regards to changing the name/address of a party.  6. CURRENT RECORD INFORMATION:	tems 6 and/or 7.  DELETE name: Give record name to be deleted in item 6a or 6b.	ADD name: Complete item 7a or 7b, an also complete items 7e-7g (if applicable	dalso item 7c;
6a. ORGANIZATION'S NAME			<u>.</u>
OR 6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
REYALVAREZ	PAUL	М.	
7. CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME			
7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
7c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
7d. SEE INSTRUCTIONS ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if any	NONE
8. AMENDMENT (COLLATERAL CHANGE): check only one box.  Describe collateral deleted or added, or give entire restated collaters.	al description, or describe collateral assigned.		
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AM adds collateral or adds the authorizing Debtor, or if this is a Termination authorized	<u> </u>	•	a Debtor which
9a. ORGANIZATION'S NAME BANK OF AMERICA FSB			
OR 9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
44 OPTIONAL EU ED DEFENDING DATE			
10.OPTIONAL FILER REFERENCE DATA00053300551 REYALVARE AL-Shelby County	Z 01-24-03		

11.	INITIAL FINANCING STATEMENT F	FILE # (same as item 1a on Amer	ndment form)
_19	95-26031		
12. OR	NAME OF PARTY AUTHORIZING  12a. ORGANIZATION'S NAME  BANK OF AMERICA FSB	THIS AMENDMENT (same as i	tem 9 on Amendment form)
OK	12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX

DEBTOR NAME

PAUL M. REYALVAREZ 75 HWY 63 LOT 7 CALERA, AL 35040 USA

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

AL-Shelby County

NAME OF AUTHORIZING PARTY BANK OF AMERICA FSB 12250 KIRKHAM ROAD STE A POWAY, CA 92064 USA