

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 # **591699** (4)
1. Corporation Name
SERVICE MORTGAGE CORPORATION



Principal Place of Business: **9065 S.W. 87TH AVE., STE. 101 MIAMI FL 33176**
Mailing Address: **9065 S.W. 87TH AVE., STE. 101 MIAMI FL 33176**

3. Date Incorporated or Qualified: **10/31/1978**
3a. Date of Last Report: **01/04/1995**
4. FEI Number: **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: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30
Suite, Apt. #, etc.
City & State
Zip Country

9. Name and Address of Current Registered Agent: **SANCHEZ, RICHARD 9065 S.W. 87TH AVE. SUITE 101 MIAMI FL 33176**
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 **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: _____ (Signature, typed or printed name of registered agent, title, date, etc.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME	SANCHEZ, RICHARD	1.2 NAME	SANCHEZ, RICHARD
STREET ADDRESS	9075 SW 87TH AVE. STE. 400	1.3 STREET ADDRESS	9065 S.W. 87TH AVE. STE. 101
CITY-ST-ZIP	MIAMI FL 33176	1.4 CITY-ST-ZIP	MIAMI, FL 33176
TITLE	STD	2.1 TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME	SANCHEZ, MAGALY	2.2 NAME	SANCHEZ, MAGALY
STREET ADDRESS	9075 SW 87TH AVE. STE. 400	2.3 STREET ADDRESS	9065 S.W. 87TH AVE. STE. 101
CITY-ST-ZIP	MIAMI FL 33176	2.4 CITY-ST-ZIP	MIAMI, FL 33176
TITLE	AS	3.1 TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME	RODRIGUEZ, ADA	3.2 NAME	RODRIGUEZ, ADA
STREET ADDRESS	9075 SW 87TH AVE., STE.400	3.3 STREET ADDRESS	9065 S.W. 87TH AVE. STE. 101
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	MIAMI, FL 33176
TITLE		4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		4.2 NAME	V
STREET ADDRESS		4.3 STREET ADDRESS	SANCHEZ, GILBERT
CITY-ST-ZIP		4.4 CITY-ST-ZIP	9065 S.W. 87TH AVE. STE. 101
TITLE		5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 alternate page with an address.

SIGNATURE: *[Signature]* 2/22/96 (305) 274-3197
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: No. Phone #

CR2E034 (12/95)