FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED
AND
FILED

95 MAY -1 AM 8:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F93000002779 (7)**

1. Corporation Name

TMS MORTGAGE INC.

Principal Place of Business:	Mailing Address:
2840 MORRIS AVENUE UNION NJ 07083	2840 MORRIS AVENUE UNION NJ 07083

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/11/1993**	3a. Date of Last Report: **02/18/1994**

21 2. Principal Place of Business:	26 2a. Mailing Address:
22 State, Apt. #, etc.	27 State, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 County	29 Zip / 30 Country

4. FEI Number: **22-3217781** ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
31 TYPE	DP	51 TYPE	☐ Change ☐ Addition
32 NAME	TEMPLETON, WILLIAM	52 NAME	
33 STREET ADDRESS	3301 C STREET	53 STREET ADDRESS	
34 CITY, ST, ZIP	SACRAMENTO CA 95816	54 CITY, ST, ZIP	
35 TYPE	DV	55 TYPE	☐ Change ☐ Addition
36 NAME	TURTLETAUB, MARC	56 NAME	
37 STREET ADDRESS	3301 C STREET	57 STREET ADDRESS	
38 CITY, ST, ZIP	SACRAMENTO CA 95816	58 CITY, ST, ZIP	
39 TYPE	C	59 TYPE	☐ Change ☐ Addition
40 NAME	MEDICI, A R	60 NAME	
41 STREET ADDRESS	2840 MORRIS AVENUE	61 STREET ADDRESS	
42 CITY, ST, ZIP	UNION NJ	62 CITY, ST, ZIP	
43 TYPE	DVS	63 TYPE	☐ Change ☐ Addition
44 NAME	DEAR, MORTON	64 NAME	
45 STREET ADDRESS	2840 MORRIS AVENUE	65 STREET ADDRESS	
46 CITY, ST, ZIP	UNION NJ 07083	66 CITY, ST, ZIP	
47 TYPE	T	67 TYPE	☐ Change ☐ Addition
48 NAME	PUGLISI, HARRY	68 NAME	
49 STREET ADDRESS	2840 MORRIS AVENUE	69 STREET ADDRESS	
50 CITY, ST, ZIP	UNION NJ 07083	70 CITY, ST, ZIP	
71 TYPE		72 TYPE	☐ Change ☐ Addition
73 NAME		74 NAME	
75 STREET ADDRESS		76 STREET ADDRESS	
77 CITY, ST, ZIP		78 CITY, ST, ZIP	

14. I/We hereby certify that the information supplied with this filing is true and accurate. For voluntarily dissolved corporations, I/We 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, added or deleted.

SIGNATURE: Morton Dear

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Date

0394548 FP