

**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 # **J00368** (7)

1. Corporation Name  
**MORTGAGE CONTRACTING SERVICES, INC.**



Principal Place of Business: **1501 CHURCH AVE. SUITE #201 TAMPA FL 33629 US**  
Mailing Address: **1501 S CHURCH AVE #201 TAMPA FL 33629 US**

3. Date Incorporated or Qualified: **02/20/1986**  
3a. Date of Last Report: **06/13/1995**  
4. FEI Number: **59-2658123**  
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. State, Apt. #, etc.; 22. City & State; 23. Zip; 24. Country  
2a. Mailing Address: 26. State, Apt. #, etc.; 27. City & State; 28. Zip; 29. Country; 30. Country

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**LOSCALZO, FRANK JR  
1871 N. HAMPSHIRE AVE NE  
ST. PETERSBURG FL 33607**

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 607.1506, 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 607.0506, Florida Statutes.

SIGNATURE

Signature of Registered Agent

DATE Registered Agent Signature Required Later than

DATE

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

12.1 NAME: **DP LOSCALZO, FRANK JR**  
12.2 STREET ADDRESS: **1871 NEW HAMPSHIRE AV NE ST. PETERSBURG FL**  
12.3 CITY-STATE-ZIP: **ST. PETERSBURG FL**  
12.4 TITLE: **D**  
12.5 NAME: **PALYS, STEVE F.**  
12.6 STREET ADDRESS: **3622 AZEELE ST. TAMPA FL**  
12.7 CITY-STATE-ZIP: **TAMPA FL**  
12.8 TITLE: **D**  
12.9 NAME: **PALYS, STEVE F.**  
12.10 STREET ADDRESS: **3622 AZEELE ST. TAMPA FL**  
12.11 CITY-STATE-ZIP: **TAMPA FL**  
12.12 TITLE: **D**  
12.13 NAME: **PALYS, STEVE F.**  
12.14 STREET ADDRESS: **3622 AZEELE ST. TAMPA FL**  
12.15 CITY-STATE-ZIP: **TAMPA FL**  
12.16 TITLE: **D**

13.1 TITLE: **Pine Cir**  
13.2 NAME: **5114 white Pine Cir**  
13.3 STREET ADDRESS: **ST. PETERSBURG, FL**  
13.4 CITY-STATE-ZIP: **ST. PETERSBURG, FL**  
13.5 TITLE: **D**  
13.6 NAME: **PALYS, STEVE F.**  
13.7 STREET ADDRESS: **3622 AZEELE ST. TAMPA FL**  
13.8 CITY-STATE-ZIP: **TAMPA FL**  
13.9 TITLE: **D**  
13.10 NAME: **PALYS, STEVE F.**  
13.11 STREET ADDRESS: **3622 AZEELE ST. TAMPA FL**  
13.12 CITY-STATE-ZIP: **TAMPA FL**  
13.13 TITLE: **D**  
13.14 NAME: **PALYS, STEVE F.**  
13.15 STREET ADDRESS: **3622 AZEELE ST. TAMPA FL**  
13.16 CITY-STATE-ZIP: **TAMPA FL**  
13.17 TITLE: **D**

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 Book 12 or Book 13 of Changes of Incorporation, in accordance with an address.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*asphy 31st 813-874-2177*  
1996

CR2E034 (12/95)