

Amended #61.25

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # K25409
1. Corporation Name

RESIDENTIAL FINANCIAL SERVICES, INC.

Principal Place of Business: Suite 101
6300 NE 1st Avenue
Fort Lauderdale, Florida 33334

3. Date Incorporated or Qualified: June 6, 1988
3a. Date of Last Report: 2/7/96
4. FEI Number: 65-0053040
5. Certificate of Status Desired: K
6. Election Campaign Financing: \$8.75 Additional Fee Required
7. Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 190.032 Florida Statutes: [X] Yes [] No

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

9. Name and Address of Current Registered Agent

THERESA M. SCHMITZ
208 Three Island Blvd., Suite 208
Hallandale, Florida 33309

10. Name and Address of New Registered Agent

81. Name: MINDY R. KRAUT
82. Street Address (P.O. Box Number is Not Acceptable): Suite #317
83. 8360 W. Oakland Park Blvd.
84. City: Sunrise, FL 85. Zip Code: 33351

11. Pursuant to the provisions of Sections 607.01(2) and 607.15(8) Florida Statutes, I, the undersigned, do hereby certify that the above named corporation, submits its statement for the purpose of changing its registered agent, and I, the undersigned, do hereby certify that the corporation has been duly authorized by its board of directors to file this statement and to change its registered agent.

SIGNATURE: MINDY R. KRAUT

7/26/96

12. OFFICERS AND DIRECTORS
D
NAME: THERESA M. SCHMITZ
STREET ADDRESS: 208 Three Island Blvd., Suite 208
CITY, STATE, ZIP: Hallandale, Florida 33309
NAME: [] DIRECTOR
STREET ADDRESS: [] DIRECTOR
CITY, STATE, ZIP: [] DIRECTOR
NAME: [] DIRECTOR
STREET ADDRESS: [] DIRECTOR
CITY, STATE, ZIP: [] DIRECTOR
NAME: [] DIRECTOR
STREET ADDRESS: [] DIRECTOR
CITY, STATE, ZIP: [] DIRECTOR
NAME: [] DIRECTOR
STREET ADDRESS: [] DIRECTOR
CITY, STATE, ZIP: [] DIRECTOR
NAME: [] DIRECTOR
STREET ADDRESS: [] DIRECTOR
CITY, STATE, ZIP: [] DIRECTOR

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
D/P
NAME: BRUCE LAZARUS
STREET ADDRESS: 6300 NE 1st Avenue, Suite 101
CITY, STATE, ZIP: Fort Lauderdale, Florida 33334
NAME: [] DIRECTOR
STREET ADDRESS: [] DIRECTOR
CITY, STATE, ZIP: [] DIRECTOR
NAME: [] DIRECTOR
STREET ADDRESS: [] DIRECTOR
CITY, STATE, ZIP: [] DIRECTOR
NAME: [] DIRECTOR
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CITY, STATE, ZIP: [] DIRECTOR
NAME: [] DIRECTOR
STREET ADDRESS: [] DIRECTOR
CITY, STATE, ZIP: [] DIRECTOR

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14. I, the undersigned, certify that the information furnished herein is true and correct to the best of my knowledge and belief, and that the corporation has been duly authorized by its board of directors to file this statement and to change its registered agent.

SIGNATURE: BRUCE LAZARUS
SIGNATURE AND TYPE OR PRINT NAME OF SIGNING OFFICER OR DIRECTOR

7/26/96 (954) 711-6550

CR2E034 (3/96)