SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 14 PM 2:10

DOCUMENT # **L17535** **(0)**

1. Corporation Name
ALL SERVICE MORTGAGE, INC.

Principal Place of Business	Mailing Address
12360 66TH ST., SUITE F LARGO FL 34643	12360 66TH ST., SUITE F LARGO FL 34643

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
09/18/1989	04/27/1994

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

4. FEI Number: 59-2969632 ☐ 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 outstanding intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

~~MAKARA, RUSSELL T.~~
~~8378 17 WAY N~~
~~ST PETERSBURG FL 33702~~

Sidney A. Lewis
1621 Park St NO
St. Pete Fl
33710

10. Name and Address of New Registered Agent

81 Name: Sidney A. Lewis
82 Street Address (P.O. Box Number is Not Acceptable): 1621 Park St NO
83
84 City: St. Pete Fl 85 FL Zip Code: 33710

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: _____ Sidney A. Lewis 6-8-95
Signature(s) of person(s) named as registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	P MAKARA, RUSSELL T. 8378 17 WAY N ST PETERSBURG FL	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY ST ZIP	Jeff Mitel President 2640 Briarcrest Ct Marietta Ga 30062 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	VP MAKARA, JOAN M 8378 17 WAY N ST PETERSBURG FL	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	CEO PALMER, SAMEL S. IV 7111 - 4TH AVE., N. ST. PETERSBURG FL	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	Vice President S. A. Lewis	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY ST ZIP	Vice President S. A. Lewis 1621 Park St NO St. Pete Fl 33710 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY ST ZIP	☐ Change ☐ Addition

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this blank is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), 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 attachment with an address.

813 536 8896

SIGNATURE: _____ Sidney A. Lewis VP 6-8-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0118310 CP