

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 17 PM 1:30

DOCUMENT # P93000072706 (3)

1. Corporation Name

MORTGAGEPRO SERVICES CORP.

Principal Place of Business

580 VILLAGE BLVD.
STE 330
WEST PALM BEACH FL 33409
US

Mailing Address

580 VILLAGE BLVD.
STE 330
WEST PALM BEACH FL 33409
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/19/1993

3a. Date of Last Report

06/27/1994

4. FEI Number

65-0443313

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

8. This corporation has liability for intangible tax under S. 190.032,

Florida Statutes

☐

Yes

☐

No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

ALEXANDER, LARRY B
505 SOUTH FLAGLER DR.
SUITE 1100
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

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

Signature required for printed name of registered agent, and date of application.

NOTE: Registered Agent signature required when reappointing.

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

DP
BURGESS, C. ROBERT
62 GOLFVIEW DR.
TEQUESTA FL 33469

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

D
BODENHAMER, WILLIAM T
101 HAWKSBILL WAY
JUPITER FL 33458

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

DV
KENNEMER, A. HOPKINS JR
21 SWALLOW DR
BOYNTON BEACH FL

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

DVST
BURGESS, MARK E
709 KITTYHAWK WAY
N PALM BCH FL

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY, ST, ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY, ST, ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY, ST, ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY, ST, ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY, ST, ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY, ST, ZIP

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 119.07(3)(b), Florida Statutes. I further certify that the information included in 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 of this report. If I am changed, I am attached with an address.

SIGNATURE:

Mark Burgess

Mark Burgess V.P.

1-8-94

407 697 9483

DO NOT TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR