

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 10 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000029806 (2)
 1. Corporation Name
SELECT MORTGAGE SERVICES, INC.



Principal Place of Business 2265 LEE RD SUITE 219 WINTER PARK FL 32789 US	Mailing Address 2265 LEE RD SUITE 219 WINTER PARK FL 32789 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2265 Lee Rd. Suite, Apt. #, etc. 22 Suite 219 City & State 23 Winter Park, FL Zip 24 32789	2a. Mailing Address 25 2265 Lee Rd. Suite, Apt. #, etc. 27 Suite 219 City & State 28 Winter Park, FL Zip 29 32789	3. Date Incorporated or Qualified 04/02/1996
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4. FEI Number 59-3371131	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent LOVETT, W. THOMAS 200 E. ROBINSON ST. SUITE 500 ORLANDO FL 32801	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ERICKSON, LINNEA A	1.2 NAME
STREET ADDRESS	1240 MERCEDES PLACE	1.3 STREET ADDRESS
CITY-ST-ZIP	ORLANDO FL 32804	1.4 CITY-ST-ZIP
TITLE	S	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPEAKS, JACK E	2.2 NAME
STREET ADDRESS	1240 MERCEDES PLACE	2.3 STREET ADDRESS
CITY-ST-ZIP	ORLANDO FL 32804	2.4 CITY-ST-ZIP
TITLE		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME
STREET ADDRESS		3.3 STREET ADDRESS
CITY-ST-ZIP		3.4 CITY-ST-ZIP
TITLE		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME
STREET ADDRESS		4.3 STREET ADDRESS
CITY-ST-ZIP		4.4 CITY-ST-ZIP
TITLE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP
TITLE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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.

SIGNATURE: *Jack Speaks* **Jack Speaks** 1-32-98 407-539-5722

CR2E034 (10/97)