

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

FILED

**Apr 09 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 # P97000000014
 1. Corporation Name:
AB&D MORTGAGE SERVICE, INC.

Principal Place of Business: 8695 COLLEGE PARKWAY SUITE 268 FORT MYERS FL 33919	Mailing Address: SAME "
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified: 12/26/96	4. FEI Number: 65-0817210	Applied For: Not Applicable
5. Certificate of Status Desired: <input checked="" 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
**MICHAEL J. MCALINEY
 501 BOODLETTE ROAD NO STE C-210
 NAPLES FL 34102**

10. Name and Address of New Registered Agent
 81 Name: **ROBERT HURST**
 82 Street Address (P.O. Box Number is Not Acceptable): **12802 DEVONSHIRE LAKES CIRCLE**
 83
 84 City: **FORT MYERS** FL 85 Zip Code: **33913**

11. Pursuant to the provisions of Sections 607.0602 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 607.0605, Florida Statutes.
 SIGNATURE: *Robert Hurst* **ROBERT HURST - DIRECTOR** DATE: **4-6-98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: DIRECTOR <input checked="" type="checkbox"/> DELETE	NAME: DONALD O HUGHES	11 TITLE: DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: ROBERT HURST
STREET ADDRESS: PO BOX 7336	CITY-ST-ZIP: NAPLES FL 34101	12 NAME:	13 STREET ADDRESS: 12802 DEVONSHIRE LAKES CIRCLE
TITLE: <input type="checkbox"/> DELETE	NAME:	14 CITY-ST-ZIP: FORT MYERS FL 33913	21 TITLE: DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	22 NAME: SUSAN G. WARNER	23 STREET ADDRESS: 5316 BEECHWOOD TRAIL
TITLE: <input type="checkbox"/> DELETE	NAME:	24 CITY-ST-ZIP: FORT MYERS FL 33913	25 TITLE:
STREET ADDRESS:	CITY-ST-ZIP:	26 NAME:	27 STREET ADDRESS:
TITLE: <input type="checkbox"/> DELETE	NAME:	28 CITY-ST-ZIP:	29 TITLE:
STREET ADDRESS:	CITY-ST-ZIP:	30 NAME:	31 STREET ADDRESS:
TITLE: <input type="checkbox"/> DELETE	NAME:	32 CITY-ST-ZIP:	33 TITLE:
STREET ADDRESS:	CITY-ST-ZIP:	34 NAME:	35 STREET ADDRESS:
TITLE: <input type="checkbox"/> DELETE	NAME:	36 CITY-ST-ZIP:	37 TITLE:
STREET ADDRESS:	CITY-ST-ZIP:	38 NAME:	39 STREET ADDRESS:
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STREET ADDRESS:	CITY-ST-ZIP:	42 NAME:	43 STREET ADDRESS:
TITLE: <input type="checkbox"/> DELETE	NAME:	44 CITY-ST-ZIP:	45 TITLE:
STREET ADDRESS:	CITY-ST-ZIP:	46 NAME:	47 STREET ADDRESS:
TITLE: <input type="checkbox"/> DELETE	NAME:	48 CITY-ST-ZIP:	49 TITLE:
STREET ADDRESS:	CITY-ST-ZIP:	50 NAME:	51 STREET ADDRESS:

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 trustee or trustee-in-powder 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 a attachment with an address.

SIGNATURE: *Robert Hurst* **ROBERT HURST** DATE: **4-6-98** **941 768 6737**

CR2E034 (10/97)