

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

FILED  
May 06 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # 594329 (5)  
1. Corporation Name  
MICKLER SIMMS MORTGAGE SERVICES, INC.



Principal Place of Business Mailing Address  
4821 DAY-TO-BAY BLVD.  
TAMPA FL 33629  
US 4321 DAY-TO-BAY  
TAMPA FL 33629 4829  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 5001 Dickens		26 5001 Dickens		11/27/1978	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	
23 Tampa, FL		28 Tampa, FL		59-2929456	
24 33629		29 33629		5. Certificate of Status Desired	
25 Hillsborough		30 Hillsborough		8.75 Additional Fee Required	
26 Hillsborough		31 Hillsborough		6. Election Campaign Financing	
27 Hillsborough		32 Hillsborough		Trust Fund Contribution	
28 Hillsborough		33 Hillsborough		5.00 May Be Added to Fees	
29 Hillsborough		34 Hillsborough		8. This corporation owes or has paid the current year Intangible	
30 Hillsborough		35 Hillsborough		Personal Property Tax due June 30.	
31 Hillsborough		36 Hillsborough		Yes No	
32 Hillsborough		37 Hillsborough		10. Name and Address of New Registered Agent	
33 Hillsborough		38 Hillsborough			
34 Hillsborough		39 Hillsborough			
35 Hillsborough		40 Hillsborough			
36 Hillsborough		41 Hillsborough			
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49 Hillsborough		54 Hillsborough			
50 Hillsborough		55 Hillsborough			

MICKLER, JOSEPH R  
5001 DICKENS AVE  
TAMPA FL 33629

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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	PD	1.1 TITLE	
NAME	MICKLER, JOSEPH RAYMOND	1.2 NAME	
STREET ADDRESS	5001 DICKENS AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 or 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: Joseph R. Mickler 1/29/98

CP2E034 (10/97)