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

**PROFIT CORPORATION ANNUAL REPORT** 

1998

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

Block 12 or Block 13 if charged, or or

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F96000005056 (4)

WMA MORTGAGE SERVICES. INC.

Principal Place of Business Mailing Address 200 GALLERIA PKWY.. STE. 500 135 TECHNOLOGY PARKWAY ATLANTA GA 30338 DO NOT WRITE IN THIS SPACE NORCROSS GA 30092 U\$ 3. Date Incorporated or Qualified 09/30/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 58-1992208 Not Applicable 21 11315 Johns Creek Parkway 26 Suite, Apt. #, etc Suite. Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Duluth, Georgia 28 Trust Fund Contribution Added to Fees Country Zip 8. This corporation owes or has paid the current year Intangible Country Yes Yes 25 USA Personal Property Tax due June 30. 24 29 30 30097 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 61 Name C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33324 63 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: typed or printed name of registrated agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change Addition DΡ DELETE 1.1 TITLE TITLE WOODMAN, ANDREW J JR. NAME 1.2 NAME 11315 Johns Creek Parkway 135 TECHNOLOGY PKWY, 100 1.3 STREET ADDRESS STREET ADDRESS NORCROSS GA Duluth, GA 30097 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE MOATE, NANCY A NAME 2.2 NAME 135 TECHNOLOGY PKWY, 100 11315 Johns Creek Parkway 2.3 STREET ADDRESS STREET ADDRESS **NORCROSS GA** Duluth, GA 30097 2.4 CITY-ST-ZIP City-ST-ZIP Change Addition DELETE 3.1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 \$1REFT ADDRESS

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

64 CITY-ST-ZIP

14. Thereby 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

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

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 ecceiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Andrew J. Woodman, Jr.

**FILED** 

May 07 1998 8:00am

Secretary of State

Addition

Addition

Change

Change