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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # G01543

1. Corporation Name

AVRUS FINANCIAL & MORTGAGE SERVICES, INC.

Principal Place of Business Mailing Address					i 400511 8011 00101 bible dible dible dible dible dible dible dible			811 01811 1881
240 PALMETTO PARK		-751 N.W. 7TH DR.						
SUITE 200		BOCA RATON FL 09496			DO NOT WRITE IN THIS SPACE			
BOCA RATON FL 33432 US		U\$			3. Date Incorporated or Qualified			
03					09/20/1982			- \
2 Principal P	lace of Business	2a, Mailing Address	1 11 0	1 01	4. FEI Number		App	lied For
21	lace of Business	26 240 W. Pa	lmetto Parl	KKI.	59-2218501		<u> </u>	Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.	in etc for a				\$8.75 A	dditional
22 .	,	27 200	· -		5. Certificate of Status Desired		Fee Req	uired
City & State	e	City & State	1. 1.		6. Election Campaign Financing		\$5.00 N	May Be
23	·	28 Boca Ra	ton, FL	<u> </u>	Trust Fund Contribution	<u> </u>	Added to	Fees
Zip	Country	Zip	Country	•	8. This corporation owes the cur	-		
24	25	29 33432	30 US		Personal Property Tax.	· · · · · · · · · · · · · · · · · · ·		□No
	9. Name and Address of Current	t Registered Agent	81 Nar		10. Name and Address of New	registerea Aç	gent	
A\/DI	IIQ QTEVE		oi Na	ne				
AVRUS, STEVE 751 NW 7TH DR			82 Street Ad		ress (P.O. Box Number is Not Acceptable)			
	A RATON FL 33486		83					
	A INTONIA CONTRACTOR		00					
			84 City	/		FL	85 Zip C	ode
44 Purcuent	to the provisions of Sections 607.0502	2 and 607 1508 Florida Statu	ites the above-nam	ned como	ration submits this statement for the	numose of ch	nanging its r	egistered
office or r	registered agent, or both, in the State of	of Florida. Such change was	authorized by the c	orporation	's board of directors. I hereby acce	pt the appoint	ment as reg	istered
agent. I a	m familiar with, and accept the obligat	tions of, Section 607.0505, FI	orida Statutes.					
agent. I a SIGNATURE	,	tions of, Section 607.0505, FI	orida Statutes. E: Registered Agent signal			DATE		
	In familiar with, and accept the obligat Signature, typed or printed name of registered agen OFFICERS ANI	tions of, Section 607.0505, FI	onda Statutes.			FICERS AND	DIRECTOR	RS IN 12
SIGNATURE	Signature, typed or printed name of registered agent	tions of, Section 607.0505, FI	onda Statutes E: Registered Agent signat		when reinstating)	FICERS AND	_	RS IN 12
SIGNATURE	Signature, typed or printed name of registered agen OFFICERS ANI	tions of, Section 607.0505, FI It and title if applicable. (NOT D DIRECTORS	E: Registered Agent signal		when reinstating)	FICERS AND	DIRECTOR	
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SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND PD AVRUS, STEVE	itions of, Section 607.0505, FI it and title if applicable. (NOT D DIRECTORS DELETE	E: Registered Agent signat 13. 1.1 TITLE 1.2 NAME	ture required v	when reinstating)	FICERS AND	DIRECTOR	Addition
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SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agen OFFICERS ANI PD AVRUS, STEVE 751 NW 7TH DR. BOCA RATON FL ST AVRUS, MARIETTA	itions of, Section 607.0505, FI it and title if applicable. (NOT D DIRECTORS DELETE	E: Registered Agent signat 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRI 1.4 CITY-ST-ZIP	ture required v	when reinstating)	FICERS AND	DIRECTOR	Addition
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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)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplied that 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 appear in address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90042 032 ***150.00