

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY 30 AM 8:10

DOCUMENT # **G53682** (2)

1. Corporation Name
HMS MORTGAGE COMPANY, INC.

Principal Place of Business 6365 TAFT ST SUITE 2000 HOLLYWOOD FL 33024 US	Mailing Address 6365 TAFT ST SUITE 2000 HOLLYWOOD FL 33024 US
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 08/05/1983	3a. Date of Last Report 02/02/1994
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2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 59-2349385	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes
 Yes No

9. Name and Address of Current Registered Agent STEWART, MELVIN 6365 TAFT STREET, SUITE 2000 HOLLYWOOD FL 33024		10. Name and Address of New Registered Agent	
81 Name	82 Street Address (P.O. Box Number is Not Acceptable)		
83	84 City		
	FL	85 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE S	NAME JONES, MICHAEL F.	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 6365 TAFT STREET #2000	CITY - ST - ZIP HOLLYWOOD FL	1.2 NAME	
TITLE TV	NAME MORRIS, C G	1.3 STREET ADDRESS	
STREET ADDRESS 6365 TAFT ST #2000	CITY - ST - ZIP HOLLYWOOD FL	1.4 CITY - ST - ZIP	
TITLE DVP	NAME BUCELLATO, CARL	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 6365 TAFT STREET #2000	CITY - ST - ZIP HOLLYWOOD FL	2.2 NAME	
TITLE D	NAME STEWART, MELVIN	2.3 STREET ADDRESS	
STREET ADDRESS 6365 TAFT ST., #2000	CITY - ST - ZIP HOLLYWOOD FL	2.4 CITY - ST - ZIP	
TITLE V	NAME BARON, LAURA	3.1 TITLE Delete Vice President/Add President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 6365 TAFT ST. #2000	CITY - ST - ZIP HOLLYWOOD FL	3.2 NAME	
TITLE	NAME	3.3 STREET ADDRESS	
STREET ADDRESS	CITY - ST - ZIP	3.4 CITY - ST - ZIP	
TITLE	NAME	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY - ST - ZIP	4.2 NAME	
TITLE	NAME	4.3 STREET ADDRESS	
STREET ADDRESS	CITY - ST - ZIP	4.4 CITY - ST - ZIP	
TITLE	NAME	5.1 TITLE Delete This Person	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY - ST - ZIP	5.2 NAME	
TITLE	NAME	5.3 STREET ADDRESS	
STREET ADDRESS	CITY - ST - ZIP	5.4 CITY - ST - ZIP	
TITLE	NAME	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY - ST - ZIP	6.2 NAME	
TITLE	NAME	6.3 STREET ADDRESS	
STREET ADDRESS	CITY - ST - ZIP	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 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: Michael F. Jones **Michael F. Jones** 5/19/95 **(305) 983-0350**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR