

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

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95 MAY - 1 PM 5:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT 1996  
 FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortham, Secretary of State  
 DIVISION OF CORPORATIONS



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**

3. Date Incorporated or Qualified: **08/05/1983**  
 3a. Date of Last Report: **05/30/1995**  
 4. FEI Number: **59-2349385**  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
 6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business  
 21 **400 SAWGRASS CORPORATE Pkwy**  
 Suite, Apt. #, etc.  
 22  
 City & State: **SUNRISE, FLORIDA**  
 Zip: **33325** Country:  
 23  
 24 **33325** 25  
 26 **400 SAWGRASS CORPORATE Pkwy**  
 Suite, Apt. #, etc.  
 27  
 City & State: **SUNRISE, FLORIDA**  
 Zip: **33325** Country:

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: **JONES, MICHAEL F.**  
 82 Street Address (P.O. Box Number is Not Acceptable): **400 SAWGRASS CORPORATE PARKWAY**  
 83  
 84 City: **SUNRISE** FL 85 Zip Code: **33325**

11. Pursuant to the provisions of Sections 607.0507 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: *Michael Jones* DATE: **5/9/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, MICHAEL F.	1.2 NAME	
STREET ADDRESS	6365 TAFT STREET #2000	1.3 STREET ADDRESS	400 SAWGRASS CORPORATE PARKWAY
CITY-ST-ZIP	HOLLYWOOD FL	1.4 CITY-ST-ZIP	SUNRISE, FLORIDA 33325
TITLE	TV	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRIS, C G	2.2 NAME	
STREET ADDRESS	6365 TAFT ST #2000	2.3 STREET ADDRESS	400 SAWGRASS CORPORATE PARKWAY
CITY-ST-ZIP	HOLLYWOOD FL	2.4 CITY-ST-ZIP	SUNRISE, FLORIDA 33325
TITLE	DV	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUCCELLATO, CARL	3.2 NAME	
STREET ADDRESS	6365 TAFT STREET #2000	3.3 STREET ADDRESS	400 SAWGRASS CORPORATE PARKWAY
CITY-ST-ZIP	HOLLYWOOD FL	3.4 CITY-ST-ZIP	SUNRISE, FLORIDA 33325
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEWART, MELVIN	4.2 NAME	
STREET ADDRESS	6365 TAFT ST., #2000	4.3 STREET ADDRESS	400 SAWGRASS CORPORATE PARKWAY
CITY-ST-ZIP	HOLLYWOOD FL	4.4 CITY-ST-ZIP	SUNRISE, FLORIDA 33325
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	****200.00 ****200.00
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

400 SAWGRASS CORPORATE PARKWAY  
 SUNRISE, FLORIDA 33325  
 TUD  
 400 SAWGRASS CORPORATE PARKWAY  
 SUNRISE, FLORIDA 33325  
 400 SAWGRASS CORPORATE PARKWAY  
 SUNRISE, FLORIDA 33325  
 KAREN CHILDRESS  
 400 SAWGRASS CORPORATE PARKWAY  
 SUNRISE, FLORIDA 33325 825878  
 -05/17/96-  
 8/25/10

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)(k), 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 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: *Karen Childress* DATE: **4/16/96**

CR2E034 (12/95)