

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G 53682

AMENDED

1. Entity Name

Hms Mortgage Corporation

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 20 PM 5:29

Principal Place of Business: 1625 NW 136th Ave, Ste 200 Ft. Lauderdale, FL 33323
Mailing Address: P.O. Box 551540 Ft. Lauderdale, FL 33355

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

59-2349385

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Cynthia J. Starrett
1625 NW 136th Ave, Ste 200
Ft. Lauderdale, FL 33323

7. Name and Address of New Registered Agent

Name: Robert Judges
Street Address (P.O. Box Number is Not Acceptable):
1625 NW 136th Ave, Ste 200
City: Ft. Lauderdale FL Zip Code: 33323

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Robert Judges
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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-11/01/00--01110--013
****01210 *****61.25
DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	Delete <input checked="" type="checkbox"/>
NAME	Kenneth E. Harthausen	
STREET ADDRESS	1625	
CITY-ST-ZIP		
TITLE	V	Delete <input checked="" type="checkbox"/>
NAME	Howard L. Wolk	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	ST	Delete <input checked="" type="checkbox"/>
NAME	Cynthia J. Starrett	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Delete <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Delete <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	Change <input type="checkbox"/>	Addition <input checked="" type="checkbox"/>
NAME	Howard Wolk		
STREET ADDRESS	1625 NW 136 th Ave, Ste 200		
CITY-ST-ZIP	Ft. Lauderdale, FL 33323		
TITLE	ST	Change <input type="checkbox"/>	Addition <input checked="" type="checkbox"/>
NAME	Robert Judges		
STREET ADDRESS	1625 NW 136 th Ave, Ste 200		
CITY-ST-ZIP	Ft. Lauderdale, FL 33323		
TITLE	V	Change <input type="checkbox"/>	Addition <input checked="" type="checkbox"/>
NAME	Colleen Doolin		
STREET ADDRESS	1625 NW 136 th Ave, Ste 200		
CITY-ST-ZIP	Ft. Lauderdale, FL 33323		
TITLE		Change <input type="checkbox"/>	Addition <input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		Change <input type="checkbox"/>	Addition <input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

Robert Judges
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert Judges Secy/Treas. 10/10/00 954-835-1900

Date Daytime Phone #