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95 MAY -1 AM 11:34

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # K73054 (4)

1. Corporation Name

MORTGAGE SERVICE CONSULTANTS, INC.

Principal Place of Business

**1211 SEMORAN BLVD., #251
CASSELBERRY FL 32707**

Mailing Address

**1211 SEMORAN BLVD., #251
CASSELBERRY FL 32707**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/15/1989** 3a. Date of Last Report **04/29/1994**

4. FEI Number **59-2945648** Applied For Not Applicable

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. The corporation has liability for intangible tax under S. 199.032 Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **1211 Semoran Blvd** 26 **1211 Semoran Blvd.**

22 **Suite 149** 27 **Suite 149**

23 **Casselberry, FL.** 28 **Casselberry, FL.**

24 **32707** 25 **Seminole** 29 **32707** 30 **Seminole**

9. Name and Address of Current Registered Agent

**WELLS, ERNEST
1211 SEMORAN BLVD., #251
CASSELBERRY FL 32707**

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

Signature (Print or Printed Name of registered agent and title, if applicable)

(NOTE: Registered Agent signature required when incorporating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DV
NAME	BUCHANAN, WILLIAM
STREET ADDRESS	257 RINGWOOD DR.
CITY, ST, ZIP	WINTER SPRINGS FL
TITLE	DPT
NAME	WELLS, ERNEST
STREET ADDRESS	610 SOUTH OHIO AVE.
CITY, ST, ZIP	ORLANDO FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	100001470331
1.4 CITY, ST, ZIP	-05/02/95--01020--009
	*****200.00 *****200.00
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 110.037(2)(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 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: ERNEST S. WELLS
Ernest S. Wells

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.21.95

DATE

407-657-7755

PHONE NUMBER