## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

FILED

SECRETARY OF STATE

TALLAHASSEE, FLORIDA

JAN 15 AM 8: 34

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L37202

(3)

## **INSERV MORTGAGE CORPORATION**

Principal Piace of Business		Mailing Address		I PORTURN BOO CUIN SOCIA NOM DOMO MEN DIRIN ANTIN BROKE BROK		
2810 E. OAKLAND PARK BLVD. STE 200 FT LAUDERDALE FL 33306		2610 E OAKLAND PARK BLVD STE 200 FT LAUDERDALE FL 33306-1801			mwB 1-16-97	
US		U\$		<ol> <li>Date Incorporated or Qualified</li> <li>12/08/1989</li> </ol>	3a. Date of Last Report 04/23/1996	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21		26		65-0167486	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt #, etc		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28	T	Trust Fund Contribution	Added to Fees	
Ζιρ <b>24</b>	Country 25	7 p 29	Country 30		Yes No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Re	gistered Agent	
MOORES, CHARLES 81 Name						
1212 NE 17TH WAY FT. LAUDERDALE FL 33304				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						
-10	Signature: typind or printed name of registered ager		TE Registered Agent signature requi	· · · · · · · · · · · · · · · · · · ·	DATE	
12. Title	OFFICERS AND PD	DELETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12	
NAME	MOORES, DOROTHY J	Detere	1.2 NAME		Li change Li Adollion	
STREET ADDRESS	1212 NE 17 WAY					
CITY-ST-ZIP	FT LAUDERDALE FL		1.3 STREET ADDRESS			
TITLE	TT GTOOL OF ALL I L	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition	
NAME			2.2 NAME	იიიდეგე	1 <b>61430</b> ^**** 9701025003	
STREET ADDRESS			2.3 STREET ADDRESS	-U1/1//: ****169	57=01025=003 5.00 ****165.00	
CITY-ST-ZIP			2. 4 City-SI-ZIP	कक्कर 10.	).UU ****103.UU	
TITLE		☐ DELETE	3.1 TITLE		Change Addition	
NAME			3,2 NAME		<del></del> • <del></del>	
STREET ADDRESS			3.3 STREET ADDRESS			
CiTY - ST - ZIP			3.4 CITY-ST-ZIP			
TITLE		DELETE	4.1 TITLE	, , , , , , , , , , , , , , , , , , , ,	Change Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADORESS			
CITY-\$1-ZIP			4 4 CITY - ST- ZIP			
TITLE		☐ DELETE	5 1 TITLE		☐ Change ☐ Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADORESS			

14. I do 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 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 desporation 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.

5.4 CITY-ST-ZIP

6 3 STREET ADDRESS

64 CITY-ST-ZIP

6.1 TITLE

6 2 NAME

**SIGNATURE:** 

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

DELETE

\_\_\_ Addition