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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
Division OF CORPORATIONS

FILED
May 05 1997 8:00am
Secretary of State

1997 DOCUMENT # L62284 1. Corporation Name ATLANTIC MORTGAGE SERVICES, INC.								
Principal Place of Business 1790 HWY A-1-A STE 101 SATELLITE BCH FL 32837 US		% DA 124 J	Mailing Address * Daniel Ellison overstreet 1.4 Jupiter Ct Monalantic Fl. 32903-2103 US			1 INDICATE SHE BIND WHITE HERE THE SHENDER SHEND STEN STEN STEN STEN SEEN STEN SEEN		
						3. Date Incorporated or Qualified 04/04/1990	3a. Date of Last 01/31/1996	Report
2. Principal F	Prace of Business	2a. N	failing Address			4. FEI Number 59-3000922		Applied For
Suite, Apt.	#, etc		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75	Additional Required
2] City & Star	te		City & State			6. Election Campaign Financing	\$5.0	О Мау Ве
3	Country	28	ip.	Cou	untry .	Trust Fund Contribution 8. This corporation has liability for		s. 199.032,
4]	25	29		30		Florida Statutes	Yes No	
	9. Name and Address of RSTREET, DANIEL ELLISC		red Agent		61 Name	10. Name and Address of New R	legistered Agent	
124 JUPITER CT INDIALANTIC FL 32903				82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code the above-named corporation submits this statement for the purpose of changing its registorized by the corporation's board of directors. I hereby accept the appointment as register a Statutes.			p Code	
11. Pursuant	to the provisions of Sections	607.0502 and 607	1508, Florida Statu	ites, the a	bove-named cor	rporation submits this statement for the		its registered
						rporation submits this statement for the ation's board of directors. I hereby account to the ation's board of directors and the account of the ation's board when remstating.		its registered as registered
SIGNATURE.	OFFICE	607.0502 and 607 the State of Florida the state of Florida the state of Florida profited agent and florida ERS AND DIRECT	oppio tas (NO			. ••••	purpose of changing ept the appointment a	DRS IN 12
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14. To hereby certify that the information supplied with his filling does not quality for the exemption stated in section (19.07(3)(i), Plonds 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 configuration of the receiver of unstage empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 12 or Block 12 or Block 12 or on an attention of the configuration of the con

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

4-23-97

407-777-3199

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