

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

FILED

Feb 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L62284 (9)

1. Corporation Name
ATLANTIC MORTGAGE SERVICES, INC.



Principal Place of Business 1790 HWY A-1-A STE 101 SATELLITE BCH FL 32937 US	Mailing Address % DANIEL ELLISON OVERSTREET 124 JUPITER CT INDIALANTIC FL 32903 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 1790 Hwy A1A 27 Suite, Apt. #, etc. 28 City & State 29 Satellite Beach, FL 30 Zip 31 Country	3. Date Incorporated or Qualified 04/04/1990 4. FEI Number 59-3000922 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees 7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No
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9. Name and Address of Current Registered Agent OVERSTREET, DANIEL ELLISON 124 JUPITER CT INDIALANTIC FL 32903	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	☐ Change ☐ Addition
NAME	OVERSTREET, DANIEL E.	1.2 NAME	
STREET ADDRESS	124 JUPITER COURT	1.3 STREET ADDRESS	
CITY-ST-ZIP	INDIALANTIC FL	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	☐ Change ☐ Addition
NAME	OVERSTREET, DEBRA	2.2 NAME	
STREET ADDRESS	1790 HWY. A1A, SUITE 101	2.3 STREET ADDRESS	
CITY-ST-ZIP	SATELLITE BEACH FL	2.4 CITY-ST-ZIP	
TITLE	VP	3.1 TITLE	☐ Change ☐ Addition
NAME	BRAY, SCOTT	3.2 NAME	
STREET ADDRESS	1790 HWY. A1A, SUITE 101	3.3 STREET ADDRESS	
CITY-ST-ZIP	SATELLITE BEACH FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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:

Debra Overstreet

2-11-98

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone # 0104950

CR2E034 (10/97)