FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996

FIRST	F BANKERS MORTGAG	E SERVICES, INC.						
700 NW 6 SECOND FI T LAUDER	e of Business 4TH STREET LOOR RDALE FL 33309	Mailing Address 1700 NW 64TH STREET SECOND FLOOR FT LAUDERDALE FL 33309						
JS		US			 Date Incorporated or Qualifie 06/26/1990 	3a . Da	te of Last F 02/20/19	
Principal F	Place of Business	2a, Mailing Address 26			4. FEI Number 65-0205105			Applied For Not Applicab
Suite, Apt.	. #, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.7	Additional Required
Dity & Stat	le	City & State			6. Election Campaign Financing Trust Fund Contribution	' D	\$5.0	0 May Be
ζφ.	Country 25	Ζφ 29	Countr 30	у	8. This corporation has liability t	or intangible		d to Fees 199.032,
	9. Name and Address of (30		Florida Statutes 10. Name and Address of New	res Projeterer	1 Acent	
		······································	81	Name	10, 144110 2110 1401032 01 1401	· negisteret	Agent	
GILLESPIE, BOWEN R. III 1515 S. FEDERAL HWY		- -		2 Street Addi	ress (P.O. Box Number is Not Acceptable)			
300			83	<u>s</u>				<u>.</u> _
BOCA	RATON FL 33432		84	City		FI	85 Z	p Code
Pursuant or register familiar wi	to the provisions of Sections 50; red agent, or both, in the State o ith, and accept the obligations of	7.0502 and 607.1508, Florida Stat of Florida. Such change was autho f. Section 607.0505, Florida Statut	lutes, the above- orized by the corp	named corpor poration's boa	ration submits this statement for the proof of directors. I hereby accept the a	purpose of ci ppointment a	nanging its r is registered	registered of Lagent. Lam
	Signature, typest or printed manufact registers OFFICEF	int agent and tident applicable. RS AND DIRECTORS	tutes, the above- rized by the corp tes. (NOTE Registered Age			DATE		
NATURE:	Special by the parties make the special of the spec	intagent and title if applicable. RS AND DIRECTORS	INCITE Registered Age 13. 1 1 TIFLE 12 NAME	ant signature require	d when reinstaling)	DATE FFICERS AN		PRS IN 12
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SIGNATURE: >

IN an address.

IRENE MURATORE \$/6/96 305.493-9400

UNING OFFICER OR DIRECTOR

Date Daylore Prone 1