FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT 1998

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

FILED
May 06 1998 8:00am
Secretary of State

DOCUMENT # M26719 (8)

1. Corporation Name
AFFILIATED MORTGAGE SERVICES, INC.

[redacted]

Principal Place of Business	Mailing Address
4400 PGA BLVD 700 PALM BEACH GARDENS FL 33410 US	4400 PGA BLVD 700 PALM BEACH GARDENS FL 33410-6590 US

3. Date Incorporated or Qualified: 01/31/1986
3a. Date of Last Report: 05/01/199

2. Principal Place of Business
21 721 US Hwy 1 #108
22 Suite, Apt. #, etc: # 108
23 City & State: No. Palm Bch
24 Zip: 33408
25 Country: Palm Bch

2a. Mailing Address
26 721 U.S. Highway 1
27 Suite, Apt. #, etc: 108
28 City & State: No. Palm Beach
29 Zip: 33408
30 Country: Palm Bch

4. FEI Number: 59-2630752 ☐ 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. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
BROOKS, DONALD L E.
1201 US HWY. 1
STE. 415
N. PALM BEACH FL 33408

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 Section 607.0502 and 607.1501, 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 _____ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	PSD KIRSCH, MAXINE 10281 ALLAMANDA CIRCLE P. BEACH GARDENS FL ☐ DELETE	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	☐ Change ☐ Addition
21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	D KIRSCH, ETHEL WELLINGTON E 203 WEST PALM BEACH FL ☐ DELETE	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	☐ Change ☐ Addition
31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	VT LANG, MARK R. 10281 ALLAMANDA CIRCLE P. BEACH GARDENS FL ☒ DELETE	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	☐ Change ☒ Addition VT Tublin, Michael 460 N.W. 20th street Boca Raton, FL 33431
41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	☐ DELETE	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	☐ Change ☐ Addition
51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	☐ DELETE	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	☐ Change ☐ Addition -25 5.6
61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	☐ DELETE	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	☐ Change ☐ Addition 700002514077 -05/06/98--01105--038 ***150.00

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 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: Maxine Kirsch Pres/Sec 4/28/98 (561)694-1144
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #