

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 24, 1999 8:00 am  
Secretary of State

03-24-1999 90028 009 \*\*\*150.00

DOCUMENT # M26719

1. Corporation Name

AFFILIATED MORTGAGE SERVICES, INC.



Principal Place of Business

721 US HWY. 1  
#108  
NORTH PALM BEACH FL 33408  
US

Mailing Address

721 US HWY. 1  
#108  
NORTH PALM BEACH FL 33408  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/31/1986

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 632 E. Ocean Ave

26 6132 Royal Birkdale Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 Boynton Beach FL

27 City & State

28 Lake Worth, FL

24 Zip Country

24 33435 25 USA

29 Zip Country

29 33463 30 USA

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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSD  
NAME KIRSCH, MAXINE  
STREET ADDRESS 10261 ALLAMANDA CIRCLE  
CITY-ST-ZIP P. BEACH GARDENS FL

☐ DELETE

TITLE D  
NAME KIRSCH, ETHEL  
STREET ADDRESS WELLINGTON E 203  
CITY-ST-ZIP WEST PALM BEACH FL

☐ DELETE

TITLE VT  
NAME TUBLIN, MICHAEL  
STREET ADDRESS 460 N.W. 20TH STREET  
CITY-ST-ZIP BOCA RATON FL 33431

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

PTSD  
6132 Royal Birkdale Drive  
Lake Worth, FL 33463

☒ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED  
MAXINE KIRSCH

Date

Daytime Phone #

1/19/99 561 694-1144

CR2E034 (1/1/98)