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May 07 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P01455 (5)
1. Corporation Name
COLONIAL SERVICE AND MORTGAGE CORPORATION



Principal Place of Business
601 CLEVELAND ST #930
P O BOX 10215
CLEARWATER FL 34617

Mailing Address
601 CLEVELAND ST #930
P O BOX 10215
CLEARWATER FL 34617-8215

3. Date Incorporated or Qualified
03/30/1984

3a. Date of Last Report
04/29/1996

2. Principal Place of Business
21 33 North Garden Avenue
Suite, Apt. #, etc.
22 Suite 1200
City & State
23 Clearwater, FL
Zip
24 34615

2a. Mailing Address
26 33 North Garden Avenue
Suite, Apt. #, etc.
27 Suite 1200
City & State
28 Clearwater, FL
Zip
29 34615

4. FEI Number
59-2395304

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
BANKS, ROBERT J.
601 CLEVELAND ST #930
CLEARWATER FL 34615

10. Name and Address of New Registered Agent
81 Name
Banks, Robert J.
82 Street Address (P.O. Box Number is Not Acceptable)
33 North Garden Avenue, Suite 1200
83
84 City
Clearwater FL
85 Zip Code
34615

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 NAME STREET ADDRESS CITY - ST - ZIP	PS GLOECKL, KEITH J. 601 CLEVELAND ST, #930 CLEARWATER FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 33 North Garden Avenue, Suite 1200 Clearwater, FL 34615
TITLE NAME STREET ADDRESS CITY - ST - ZIP	EVT MATHIS, RAY F. 601 CLEVELAND ST, #930 CLEARWATER FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 33 North Garden Avenue, Suite 1200 Clearwater, FL 34615
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V WACHTLER, PATRICIA 601 CLEVELAND ST, #930 CLEARWATER FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 33 North Garden Avenue, Suite 1200 Clearwater, FL 34615
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BANKS, ROBERT J. 601 CLEVELAND ST #930 CLEARWATER FL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 33 North Garden Avenue, Suite 1200 Clearwater, FL 34615
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VAS CHEERS, LINDA D. 601 CLEVELAND ST, #930 CLEARWATER FL	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 33 North Garden Avenue, Suite 1200 Clearwater, FL 4615
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Ray F. Mathis 04-24-97 (813) 461-4801
Date Daytime Phone #

CR2E034 (9/96)