

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P23525 (9)

1. Corporation Name

REALTY SERVICING ASSOCIATION CORPORATION



Principal Place of Business

Mailing Address

49 FOSTER ST
MERIDEN CT 06430

49 FOSTER ST
MERIDEN CT 06430

2. Principal Place of Business

2a. Mailing Address

21 OLD HOG CREEK RD

26 P.O. BOX 1803

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 BUNNELL FL

27 BUNNELL FL

City & State

City & State

23

28

Zip

Country

Zip

Country

24 32110

25 FLA 132

29 32110

30 FLA 132

9. Name and Address of Current Registered Agent

MULLINS, ANN
7705 S.W. 6TH COURT
FT LAUDERDALE FL 33068

81 Name

ANN MULLINS

82 Street Address (P.O. Box Number is Not Acceptable)

916 WELLWOOD LN

83

84

City PALM COAST

FL

85 Zip Code

32127

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's signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME MULLINS, DAN
STREET ADDRESS 49 FOSTER ST.
CITY-ST-ZIP MERIDEN CT

TITLE D ☐ DELETE

NAME TRUSKA, CINDY
STREET ADDRESS 221 MILLER AVE.
CITY-ST-ZIP MERIDEN CT 06450

TITLE D ☐ DELETE

NAME MULLINS, MIKE
STREET ADDRESS 221 MILLER AVE.
CITY-ST-ZIP MERIDEN CT 06450

TITLE D ☐ DELETE

NAME MULLINS, ANDREW
STREET ADDRESS 221 MILLER AVE.
CITY-ST-ZIP MERIDEN CT 06450

TITLE D ☐ DELETE

NAME MULLINS, ANN M
STREET ADDRESS 221 MILLER AVE.
CITY-ST-ZIP MERIDEN CT 06450

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE P
1.2 NAME MULLINS, DAN
1.3 STREET ADDRESS PO BOX 1803
1.4 CITY-ST-ZIP BUNNELL FL 32110

☐ 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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Dan Mullins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/96

804 445 1427

CR2E034 (12/95)