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

PROFIT **CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # P93000013762 (8)

KE MORTGAGE SERVICES, INC.

Principal Place of Business Mailing Address 5440 NW 33 AVE 5440 NW 33 AVE **SUITE 112 SUITE 112** FT LAUDERDALE FL 33309-7021 FT LAUDERDALE FL 33309-7021 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 02/24/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0390338 Not Applicable 21 26 Suite, Apl. #, etc. Suite, Apt. #, etc. \$8.75 Additional X 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Country 8. This corporation owes or has paid the current year Intangible 24 ☐ No 29 Personal Property Tax due June 30. Yes Yes 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CONNER, RICHARD E 7467 NW 4 ST Street Address (P.O. Box Number is Not Acceptable) 82 FT LAUDERDALE FL 33317 83 84 Zip Code City

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 of 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 penied name of registered agent and life if applicable (NOTE Registered Agent aignature required when rainstating) (10/97 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE TITLE 1.1 TITLE Change Addition MORRIS, TERRY E NAME 1.2 NAME 5440 NW 33 AVE #112 STREET ADDRESS 1.3 STREET ADDRESS FT LAUDERDALE FL 33309-7021 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Chance TITLE 2.1 TITLE Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE 4.1 TITLE Change Addition TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not indicated on this annual report or supplemental annual report is to officer or director of the corporation or the receiver or trustee of Block 12 or Block 13 if changed, or on an artacoment with applications. ualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and accurate and that my signature shall have the same legal effect as if made under oath; that I am an ared to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

SIGNATURE:

**FILED** 

Mar 30 1998 8:00am

Secretary of State