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

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

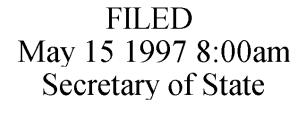
Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000039262 (9)

AMERICAN LENDERS MORTGAGE SERVICES CORP.

	Principal Place of Business	
	3438 COLWELL AVENUE TAMPA FL 33614	
ı	110	

Mailing Address





3439 COLWELL AVENUE TAMPA FL 33614 US			3438 COLDWELL AVENUE TAMPA FL 33614-1615 US					
						3. Date Incorporated or Qualified 06/02/1993	3a. Date of L 08/06/19	
2. Principal Place	co of Business	2a, Mailing Ad 26	2a. Mailing Address 26			4. FEI Number 59-3185262		Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt				5. Certificate of Status Desired S8.75 Addition Fee Required		
City & State		City & Sta	te			Election Campaign Financing Trust Fund Contribution		.00 May Be Ided to Fees
Zip	Country 25	Ζφ <b>29</b>		30 Cour			] Yes 💢 No	der s. 199.032,
21011	9. Name and Address of Curre	nt Registered Ager	nt			10. Name and Address of New Re	gistered Agent	
	N, PATRICIA				81 Name			
	SPRING OAK CT			1	82 Street A	ddress (P.O. Box Number is Not Acceptal:	ole)	
IAMPA	N FL 33625			-				
					83			
				Ì	B4 City		FL 85	Zip Code
office or reg	the provisions of Sections 607.05 istered agent, or both, in the Stat tamiliar with, and accept the obli	e of Florida. Such ch	rande was :	authorized	Lby the corpo	orporation submits this statement for the paration's board of directors. Thereby accep	urpose of chance	ing its registered at as registered
SIGNATURE	gnature, typed or printed name of registered a	-				quied when reinstating)	ĐẠIE	
2.		ND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFIC		CTORS IN 12
""	)		DELFTE	1,1 10	Lf		Cha	
	PAGAN, PATRICIA			1.2 NA	ME			
	3213 SPRING OAK CT			1.3 \$16	REET ADDRESS			
HTY-ST-ZIP	TAMPA FL 33625			1.4 CIT	Y - S1 - 7/P			
ITLE			DELETE	2.1 Tri	F		Cha	ange Addition
IAME				2.2 NA	Mě			
TREET ADDRESS				2.3 \$16	REET ADDRESS			
CITY-ST-ZIP					Y-SI-ZIP			
TITLE		L	DETETE	3.1 111			LJ Cha	ange L. Addition
IAME				3.2 NA				
STREET ADDRESS					REET ADDRESS			
CITY-ST-ZIP			DELETE		Y · ST · ZIP			
TITLE NAME			DITTE	4.1 7(1			Cha	ange L Addition
STREET ADDRESS				4. 2 NA				
CITY-ST-ZIP					RELT ADORESS			
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ITLE			DELETE	6 1 TIT			☐ Cha	inge Addition
IAME				6.2 NA	ME .			
STREET ADDRESS					EE1 ADDRESS			
CITY-ST-ZIP					Y - \$1 - ZIF			
Intormation i	indicated on this annual report or	supplemental annua or the receiver <u>or tru</u> s	al report is t stee empow	true and a vered to e	ecurate and t	ted in Scotion 119.07(3)(i), Florida Statute hal my signature shall have the same lega nort as required by Chapter 607, Florida S	Leffect as if mad	le under oath, tha