SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000067846 (4)

REAL ESTATE MORTGAGE SERVICES, INC.

FILED Aug 13 1998 8:00am Secretary of State



Principal Plac	ce of Bus iness	Mailing Address		T LOOKINDE FIR HOUSE WINN BOWN ONLY DOWN ONLY NOON I DIN ONLY ONLY	
15808 ALDAMA CIR.		15809 ALDAMA CIR.			
PORT CHARLOTTE FL 33981		PORT CHARLOTTE FL 33981			
				DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified 09/23/1993	
— <i>111</i>	Place of Business	2a. Mailing Address	111 . Na	4. FEI Number Applied For	
21 5//	6 SPARKLING DR		Kling DR	65-0434087 Not Applicable	
Suite, Apt. #, etc. /		Sulte, Apt. #, étc.		5. Certificate of Status Desired \$8.75 Additional Fee Required	
City & Star 23 LA =	s Vegas NV	City & State LAS VEGA		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip 89/3	30 25 Clark		Country Clark	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No	
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New Registered Agent	
	CONTINUE OFFICIANOLY				
15808 ALDAMA CIR. PORT CHARLOTTE FL 33981 82 Street Address (P.O. Box Number is Not Acceptable) 147/2 DRA FHLORE LANE 83 14 City WEllington FL 85 Zip Code 3 3444 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 agent. I am familiar with, and accept the obligations of, section 607,0505, Florida Statutes. SIGNATURE MRY HORN Signature, typed or printed name of registered agent and bile if applicable (NOTE: Registered Agent signature register) NOTE: Registered Address (P.O. Box Number is Not Acceptable) 147/2 DRA FHLORE LANE 85 Zip Code 3 3444 86 Zip Code 3 3444 87 June 10 10 10 10 10 10 10 10 10 10 10 10 10					
POR					
			RA City	les Zin Code	
			-	Ellington FL 18 233414	
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					
agent. I					
			mas	u Horn 7-31.98	
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD CUENNAME	[] DELETE	1.1 TITLE	Change Addition	
NAME	LORRAINE CHENNAULT		1.2 NAME	LORRAINE CHENNAULT	
STREET ADDRESS	15808 ALDAMA CIR.		1.3 STREET ADDRESS	SILU SPARKLING BRIVE LAS VEGAS NV 89130	
CITY-ST-ZIP	PORT CHARLOTTE FL				
TITLE	VD CHENNAULT OFFICE	(_) DELETE	2.1 TITLE	Change Addition	
NAME	CHENNAULT, GERALD		2.2 NAME	GERAIN CHENNAULT	
STREET ADDRESS	15808 ALDAMA CIR		2.3 STREET ADDRESS	GERARD Chennault 5116 Spark I, ng DRIVE LAS VEGAS NV 89130	
CITY-ST-ZIP	PORT CHARLOTTE FL 33981			LAS VEGAS NV 89130	
TITLE		L DELETE	3.1 TITLE	Change Addition	
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
		L DELETE	4.1 TITLE	Change Addition	
NAME STREET ADDRESS			4.2 NAME		
			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE			4.4 C/TY-ST-ZIP		
NAME		L_J DELETE	5.1 TITLE	Change Addition	
			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		Decem	5.4 CITY-ST-ZIP		
		L_] DELETE	6.1 TITLE	Change Addition	
NAME OTREET ADDRESS			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
City-St-ZiP	artify that the information supplied will	h this filing does not qualify for the	6.4 CITY-ST-ZIP	section 119 07/3Vi) 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.

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