

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

FILED

Mar 04 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 # P94000008436 (5)

1. Corporation Name

NATIONAL MORTGAGE SERVICES CHARTERED



Principal Place of Business

5190 N.W. 167 STREET
SUITE 204
MIAMI FL 33014

Mailing Address

5190 N.W. 167 STREET
SUITE 204
MIAMI FL 33014-6338

3. Date Incorporated or Qualified

02/02/1994

3a. Date of Last Report

12/26/1996

4. FEI Number

65-0465365

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 1607 NW 183 Street

2a. Mailing Address

26 1607 NW 183 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Miami, FL 33169

City & State

28 Miami, FL

Zip

24 33169

Country

Zip

29 33169

Country

30 USA

9. Name and Address of Current Registered Agent

HARRIS, LYNDIA V
11100 PEACHTREE DRIVE
MIAMI FL 33161

10. Name and Address of New Registered Agent

81 Name

Lynda V. Harris

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

6785 NW 169 Street #A

83

84 City

Miami, FL

FL

85 Zip Code

33015

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

Lynda V. Harris - Pres.

(NOTE: Registered Agent signature required when reinstating)

2/26/97

12. OFFICERS AND DIRECTORS

TITLE PS ☐ DELETE

NAME HARRIS, LYNDIA V
STREET ADDRESS 11100 PEACHTREE DRIVE
CITY - ST - ZIP MIAMI FL 33161

TITLE VPT ☐ DELETE

NAME JOHNSON, GWENDOLYN
STREET ADDRESS 1701 N.W. 187 STREET
CITY - ST - ZIP MIAMI FL 33169

TITLE ☐ DELETE

NAME ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY - ST - ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY - ST - ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY - ST - ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY - ST - ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME ☐ Change ☐ Addition

1.3 STREET ADDRESS ☐ Change ☐ Addition

1.4 CITY - ST - ZIP ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS ☐ Change ☐ Addition

2.4 CITY - ST - ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS ☐ Change ☐ Addition

3.4 CITY - ST - ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS ☐ Change ☐ Addition

4.4 CITY - ST - ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS ☐ Change ☐ Addition

5.4 CITY - ST - ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

6.4 CITY - ST - ZIP ☐ Change ☐ 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:

Lynda V. Harris
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/97
Date

Daytime Phone # 0001568

CR2E034 (9/96)