FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

APPROVED
AND
FILED

95 MAY 10 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000017734 (2)**

1. Corporate Name

ALL MORTGAGE SERVICES, INC.

Principal Place of Business

629 MAITLAND AVE
ALTAMONTE SPRINGS FL 32701

Mailing Address

629 MAITLAND AVE
ALTAMONTE SPRINGS FL 32701

DO NOT WRITE IN THIS SPACE

3. Date Incorporated / Qualified: **03/01/1994**

3a. Date of Last Report:

2. Principal Place of Business
21
22 Suite, Apt. #, etc.
23 City & State
24 Zip
25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

4. FEI Number: **59-3234219**
Applied For
Not Applicable

5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees

8. Does corporation qualify for exemption tax under S. 196.192 Florida Statutes? [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

MILLER, ROBERT E
990 DOUGLAS AVE
ATLAMONTE SPRINGS FL 32714

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.0501, 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, officers, or the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

Title	Name	Street Address	City, State, Zip
D	EGLI, RICHARD C	629 MAITLAND AVE	ALTAMONTE SPRINGS FL 32714

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 19__

Title	Name	Street Address	City, State, Zip	Change / Addition

14. I hereby certify that the information supplied with this report is accurately transcribed and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the enclosed application for this annual report or supplemental annual report is true and complete and that my signature shall have the same effect of facsimile under oath, that I am an officer or director of the corporation or the successor or foreign organization to execute the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of changes or is attached with any additions.

SIGNATURE: Richard C. Egli RICHARD C. EGLI 5-6-95 407-260-9797

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone #

0004128 CP

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DOCUMENT # P94000017893 (6)

SEWARD ENTERPRISES, INC.

3527 DOEMESTIC AVE
NAPLES FL 33942

3527 DOEMESTIC AVE
NAPLES FL 33942

3. 03/08/1994

4. 65-0472395

26. 3527 Domestic Avenue

5. $8.75 Additional Fee Required

6. $5.00 May Be Added to Fees

8. [X] Yes

9. Name and Address of Current Registered Agent

JONES, JAMES G ESQ.
% CASASSA, MANGONE & JONES
1207 THIRD STREET SOUTH, SUITE 2
NAPLES FL 33940

10. Name and Address of New Registered Agent

84. FL

12.

D Seward
~~STEWARD~~, WILLIAM B
3527 DOMESTIC AVE
NAPLES FL 33942

13.

[X] Change [ ] Add

Seward, William

14.

SIGNATURE: D Seward

William Seward 5-8-95 8/3 5983415

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0327997 CP