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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Apr 01 1997 8:00am

Secretary of State

A KRANINAN NIA LAKIN AKAK BANIN ARAN BANIN ARAN ARAK NISEN NABIN NABAN NIAN AKAN IRAN

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000017734 (2)

ALL MORTGAGE SERVICES, INC.

14. I do hereby certify that the information supports information indicated on this annual reports I am an officer or director of the compration appears in Block 12 or Block 13 if gharged

SIGNATURE:

Principal Place of Business 628 MATTLAND AVE ALTAMONTE SPRINGS FL 32701 2. Principal Place of Business 21 Suite, Apt. # etc. 22		Mailing Address 629 MAITLAND AVE ALTAMONTE SPRINGS FL 32701-8833 28. Mailing Address 26 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 03/01/1994 4. FEI Number 59-3234219 5. Certificate of Status Desired 3a. Date of Last Report 04/04/1996 Applied For Not Applicable \$8.75 Additional Fee Required			
City & State 23			28		Florida Statutes	Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No	
9. Name and Address of Current Registered Agent MILLER, ROBERT E 990 DOUGLAS AVE ATLAMONTE SPRINGS FL 32714				Name Street	10. Name and Address of New Re Address (P.O. Box Number is Not Acceptate	ole)	Code
SIGNATURE	Signature, Typed or per hear arms of registy and	ent and title #applicable (NOTE				ourpose of changing in the appointment as 3-28-97	
112. THE NAME STREEL ADDRESS CITY-ST-7IP	D EGLI, RICHARD C 629 MAITLAND AVE ALTAMONTE SPRINGS FL 32	D DIRECTORS DELETE	1.1 TITLE 1.2 NAME 1.3 STREET 1.4 City-S		ADDITIONS/CHANGES TO OFFIC	Change	Addition
THEE NAME STREET ADDRESS OUTVISTINGS		☐ DELETÉ	2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-			☐ Change	Addition
INTE NAME STREET ADDRESS CITY ST-71P		DELETE	3.1 TITLE 3.2 NAME 3.3 STREET 3.4. CITY-			L] Change	Addition
NAME STHEET ADDRESS CITY - ST - ZIP		[_] DELETE	4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-5			L. Change	Addition
THRE NAME STREET ADDRESS (015 - ST - ZIP		☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET 5.4 City-s			☐ Change	Addition
THLE NAME STHEEF ACTORESS CHY+S1-ZiP		DELETE	6.1 TITLE 6.2 NAME 6.3 STREET 6.4 CITY - S			☐ Change	Addition

) ied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that or of the receiver or trudies impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name