

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathern
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 25 AM 10:38

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P94000054566 (2)

1. Corporation Name

PROFESSIONAL FINANCIAL SERVICES MORTGAGE CORPORATION

Principal Place of Business

**2300 W SAMPLE ROAD
SUITE 304
POMPANO BEACH FL 33073**

Mailing Address

**2300 W SAMPLE ROAD
SUITE 304
POMPANO BEACH FL 33073**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/20/1994

3a. Date of Last Report

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

SUITE 208

Suite, Apt. #, etc.

SUITE 208

City & State

23

City & State

28

Zip

Country

24

25

Zip

Country

29

30

4. FBI Number

65-0505620

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. This corporation has liability for intangible tax under C. 190.032,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

**KESSLER, SCOTT R
2300 W SAMPLE ROAD
SUITE 304
POMPANO BEACH FL 33073**

10. Name and Address of New Registered Agent

81 Name

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

SUITE 208

84 City

FL

85

Zip Code

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

Scott R. Kessler, President

4/20/95

(Signature) typewritten printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when installing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D

**KESSLER, SCOTT R
2300 W SAMPLE ROAD SUITE 304
POMPANO BEACH FL 33073**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D

**TURNER, RONALD W
2300 W SAMPLE ROAD SUITE 304
POMPANO BEACH FL 33073**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

☒ Change ☐ Addition

SUITE 208

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☒ Change ☐ Addition

SUITE 208

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 with an address.

SIGNATURE:

Scott R. Kessler, President

4/20/95

(305) 975-5171

(Signature) AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date)

(Telephone Number)