

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000066412 (5)

1. Corporation Name

BLUE CHIP MORTGAGE SERVICES, INC.

Principal Place of Business

Mailing Address

200 HYPOLUXO RD
SUITE 100A
HYPOLUXO FL 33462
US

200 HYPOLUXO, FL
SUITE 100 A
HYPOLUXO FL 33462
US

3. Date Incorporated or Qualified
09/06/1994

3a. Date of Last Report
08/15/1995

2. Principal Place of Business

2a. Mailing Address

21 117 E. OCEAN AVE.

26 117 E. OCEAN AVE.

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

23 LANTANA FL

28 LANTANA FL

Zip

Country

Zip

Country

24 33462

25 US

29 33462

30 US

9. Name and Address of Current Registered Agent

BLAKESBERG, WILLIAM J
% BLAKESBERG & COMPANY CPA'S
951 S W 4TH AVENUE
BOCA RATON FL 33462

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 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

Signature, typed or printed name of registered agent and title, if applicable

(Note: Registered Agent's signature required when reappointing)

Date

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PSTD
COLANGELO, PETER D
200 HYPOLUXO RD #100A
HYPOLUXO FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V
COLANGELO, PETER D
200 HYPOLUXO RD #100A
HYPOLUXO FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP
100001940741
-09/06/96--01018--020
****375.00 ****375.00

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/24/96

407-547-0575

CR2E034 (3/96)