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Feb 12 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 # P94000066412 (5)

1. Corporation Name
BLUE CHIP MORTGAGE SERVICES, INC.



Principal Place of Business

117 E. OCEAN AVE.
LANTANA FL 33462
US

Mailing Address

117 E. OCEAN AVE.
LANTANA FL 33462-3205
US

3. Date Incorporated or Qualified

09/06/1994

3a. Date of Last Report

08/27/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number

65-0532746

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 s. 199.032,
Florida Statutes

Yes No

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 MARISSA J. CAKMAKCI
82 Street Address (P.O. Box Number is Not Acceptable)
M.L.J. TAX & ACCOUNTING, INC.
83 3140 SHERWOOD BLVD.
84 City DELRAY BEACH FL 85 Zip Code 33445

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

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

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 3545 SO. OCEAN BLVD #303
1.4 CITY-ST-ZIP ~~DELRAY BEACH~~ PL PALM BEACH, FL. 33480

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 3545 SO. OCEAN BLVD #303
2.4 CITY-ST-ZIP PALM BEACH, FL. 33480

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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. I changed on an attachment with an address.

SIGNATURE:

PETER COLANGELO, PRES 1-13-97 561 547-6575

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)