

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Jul 22 1998 8:00am
Secretary of State

00000043

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham, Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000002224 (0)
1. Corporation Name
SPECIALIZED MORTGAGE SERVICES INC.

Principal Place of Business 17341 SW 18TH STREET MIRAMAR FL 33029	Mailing Address 17341 SW 18TH STREET MIRAMAR FL 33029
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

3. Date Incorporated or Qualified 01/09/1995	Applied For Not Applicable
4. FEI Number 65-0544852	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	N/A

9. Name and Address of Current Registered Agent
BRACHO, SHERENE L
17341 SW 18TH STREET
MIRAMAR FL 33029

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 signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	DELET
NAME	YAP, AGNES B
STREET ADDRESS	C/O 5140 SW 148TH AVENUE
CITY-ST-ZIP	FORT LAUDERDALE FL 33330
TITLE	DELET
NAME	CHUNG, MAUREEN O
STREET ADDRESS	C/O 5140 SW 148TH AVENUE
CITY-ST-ZIP	FORT LAUDERDALE FL 33330
TITLE	DELET
NAME	BRACHO, SHERENE L
STREET ADDRESS	17341 SW 18TH ST
CITY-ST-ZIP	MIRAMAR FL
TITLE	DELET
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	DELET
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	DELET
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MAUREEN O. CHUNG
2.3 STREET ADDRESS	17341 SW 18TH STREET
2.4 CITY-ST-ZIP	MIRAMAR, FL 33029
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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 if changed, or on an attachment with an address.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 6-30-98 Daytime Phone #

CR2E034 (5/98)

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June 30, 1998

Florida Department of State
Division of Corporations
Annual Reports Filing
PO Box 1500
Tallahassee, FL 32302-1500

RE: Specialized Mortgage Services, Inc.

Dear Sir/Madam:

Enclosed please find the Annual Report Filing for Specialized Mortgage Services, Inc. As I expressed to one of your employees, this is the FIRST and ONLY notice received for the filing. We have never received the first notice.

As instructed, I enclose our Annual Report as well as our check in the amount of \$150.00 to cover charges for the same.

Should you have any questions or require additional information, please do not hesitate to contact me. at (954) 441-8196.

Sincerely,

Sherene L. Bracho
President

7/17/98 - This came
back w/out letter
per Sean - resend
w/ letter.