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

**PROFIT CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000036861 (9)

COMPLETE MORTGAGE SERVICES, INC.

Principal Place of Business

Mailing Address

**FILED** Apr 30 1997 8:00am Secretary of State



| 15 SOUTHEAST 9TH AVENUE<br>FORT LAUDERDALE FL 33301 |   | 15 SOUTHEAST BTH AVENUE<br>FORT LAUDERDALE FL 33301-2047 |                      |                     |   |                                |          |                         |  |
|---|---|--|----------------------|---------------------|---|--------------------------------|----------|-------------------------|--|
|   |   |  |                      |                     | 3. Date Incorporated or Qualified   |                                |          | of Last Report<br>/1996 |  |
| 2. Principal P                                      | lace of Business  | 2a. Mailing Address                                      |                      |                     | 4. FEI Number<br>65-0579189   | ·\                             | Ap       | plied For               |  |
| 21  |   | 26   |                      |                     |   |                                | No       | t Applicable            |  |
| Suite, Apt #, etc                                   |   | Suite, Apt. #, etc.                                      | Suite, Apt. #, etc.  |                     | 5. Certificate of Status Desired  | \$8.75 Additional Fee Required |          |                         |  |
| Grty & Stat   | 0   | City & State   | <del> </del>         |                     | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution  Added to Fees   |                                |          |                         |  |
| Ζφ<br><b>24</b>                                     | Country 25  | Z(p  | Count<br>30          | y .                 | This corporation has liability for influence of the statutes                          | ntangible tax u                | under 8  | 199.032,                |  |
|   | 9. Name and Address of C  | urrent Registered Agent                                  | L                    |                     | 10. Name and Address of New Re  | platered Ager                  | 1t       |                         |  |
| OLE   | SFSON, SHARI  |  | 8                    | Name                |   |                                |          |                         |  |
| 15 SE 9 AVENUE                                      |   |  |                      | 2 Street Add        | dress (P.O. Box Number is Not Acceptab  | le)                            |          |                         |  |
| FT.   | LAUDERDALE FL 33301   |  | 8                    | <u> </u>            |   | <del></del>                    |          |                         |  |
|   |   |  | 10                   | <b>"</b>            |   |                                |          |                         |  |
|   |   |  | 8                    |                     |   | FL 85                          |          |                         |  |
| 11. Pursuant  | to the provisions of Sections 60                                      | 7.0502 and 607.1508, Florida Statu                       | tes, the abo         | ve-named cor        | rporation submits this statement for the pation's board of directors. I hereby accept | urpose of cha                  | nging it | s registered            |  |
| agent. Fa   | registered agent, or both, in the<br>im familiar with, and accept the | obligations of Section 607.0505, Fl                      | orida Statut         | es.                 | alion's board of directors. Thereby accept  | r nie abboinin                 | Herit da | registered              |  |
| SIGNATURE   |   |  |                      |                     |   | <u> </u>                       |          |                         |  |
|   | Signature typed or printed name of register                           |  |                      | gent signature requ | ired when reinstating)  | DATE                           |          |                         |  |
| 12.   | OFFICERI<br>PSTD  | S AND DIRECTORS  DELETE                                  | 13.                  |                     | ADDITIONS/CHANGES TO OFFIC  |                                | Change   | S IN 12                 |  |
| TITLE   | OLEFSON, SHARI B  | C) pereit  | 1.1 TITLE<br>1.2 NAM | 1                   |   | ، ليا                          | PIMING   | Monton                  |  |
| NAME<br>STREET ADDRESS                              | 15 SOUTHEAST OTH AVE  | INLIF  |                      | et address          |   |                                |          |                         |  |
| CITY-ST-ZIP   | PART LAURENDALE EL BORAL  |  | 1.3 SINE             |                     | •   |                                |          |                         |  |
| TITLE   | 10111 2100210722120   | DELETE   | 2.1 TrTLE            |                     |   |                                | Change   | Addition                |  |
| NAME  |   |  | 2.2 NAMI             | )                   | •   | -                              |          |                         |  |
| STHEET ADDRESS                                      |   |  |                      | ET ADDRESS          |   |                                |          |                         |  |
| CrTY-ST-ZIP   |   |  | 2 4 CITY             |                     |   | 30.0                           |          |                         |  |
| TITLE   | DELETE  |  | 3.1 TITLE            |                     |   |                                | Change   | Addition                |  |
| NAME  |   |  | 3.2 NAM              |                     |   |                                |          |                         |  |
| STREET ADDRESS                                      |   |  | 3.3 STRE             | ET ADORESS          |   |                                |          |                         |  |
| CHTY-ST-7IP   |   |  | 34 CITY              | - ST- ZIP           |   |                                |          |                         |  |
| THE   |   | DELETE   | 4.1 TITLE            |                     |   |                                | Change   | Addition                |  |
| NAME  |   |  | 4 2 NAM              | E }                 |   |                                |          |                         |  |
| STREET ADDRESS                                      |   |  | 4.3 STRE             | ET ADDRESS          |   |                                |          |                         |  |
| CITY - 5T - ZIP                                     |   |  | 4.4 CITY             | ST-ZIP              |   |                                |          |                         |  |
| TITLE   |   | ☐ DELETE   | 5.1 TITLE            |                     |   |                                | Change   | Addition                |  |
| NAME  |   |  | 5.2 NAMI             |                     |   |                                |          |                         |  |
| STREET ADDRESS                                      |   |  |                      | ET ADDRESS          |   |                                |          |                         |  |
| CHY-ST-ZIP  |   |  | 5.4 CITY             |                     |   |                                |          |                         |  |
| TITLE   |   | DELETE   | 6.1 TITLE            | J                   |   | LJ ·                           | Change   | Addition                |  |
| NAME  |   |  | 6.2 NAMI             | 1                   |   |                                |          |                         |  |
| STREET ADDRESS                                      |   |  | 6.3 STRE             | et address          |   |                                |          |                         |  |
| CITY - \$1 - 7IP                                    | 1   |  | 6.4 CITY             | ST-7iP              |   |                                |          |                         |  |

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 if changed, or on an attachment with an address.

SIGNATURE:

