FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT **1999**	FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State DIVISION OF CORPORATIONS

FILED
Feb 27, 1999 8:00 am
Secretary of State
02-27-1999 90046 012 ***150.00

DOCUMENT # P95000049742
1. Corporation Name

PEOPLE'S MORTGAGE SERVICES CORPORATION

Principal Place of Business	Mailing Address
2328 10TH AVENUE NORTH SUITE 402 LAKE WORTH FL 33461	2328 10TH AVENUE NORTH SUITE 402 LAKE WORTH FL 33461

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
06/26/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number **65-0597127**	Applied For
21	26		Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certifcate of Status Desired ☐	**$8.75** Additional Fee Required
23 City & State	28 City & State	6. Election Campaign Financing ☐ Trust Fund Contribution	**$5.00** May Be Added to Fees
24 Zip 25 Country	29 Zip 30 Country	8. This corporation owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent
PAGANELLO, GARY 16887 W. GLASGORO DR LOXAHATCHEE FL 33470	81 Name	
	82 Street Address (P.O. Box Number is Not Acceptable)	
	83	
	84 City	85 Zip Code FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE **P** NAME **PAGANELLO, GARY** STREET ADDRESS **16887 WEST GLASGLOW DRIVE** CITY-ST-ZIP **LOXAHATCHEE FL**	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE **VS** NAME **OWENS, DENISE P** STREET ADDRESS **5150 FOXHALL P¢LACE** CITY-ST-ZIP **W. PALM BEACH FL 33417**	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE **V** NAME **RANDAZZO, JOSEPH A** STREET ADDRESS **202 GREEN TREE CT** CITY-ST-ZIP **JUPITER FL 33458**	☒ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE **V** NAME **ADDUCI, SHERRI** STREET ADDRESS **1052 FAIRFAX CR. W.** CITY-ST-ZIP **LANTANA FL 33462**	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE **VT** NAME **ESCOBAR, THERESA A** STREET ADDRESS **11648 51ST CT. N.** CITY-ST-ZIP **ROYAL PALM BEACH FL 33411**	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date

(561) 588-4800
Daytime Phone #

CR2E034 (11/98)