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** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 P95000067372 (9) DOCUMENT # INTEGRATED MORTGAGE SERVICES, INC. Mailing Address Principal Place of Business 2300 PALM BEACH LAKES BLVD., SUITE 304 2300 PALM BEACH LAKES BLVD., SUITE 304 WEST PALM BEACH FL 33409 WEST PALM BEACH FL 33409 3a. Date of Last Report 3. Date Incorporated or Qualified 08/28/1995 Applied For 4. FLI Numbe 2a. Mailing Address 2. Principal Place of Business Not Applicable 26 21 \$8.75 Additional Suite Apt. #, etc. Suite Apt # etc 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be City & State City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 190 032 Country Zip Zip Yes No Florida Statutes 30 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name JONES, DOUG 82 Street Address (P.O. Box Number is Not Acceptable) 2300 PALM BEACH LAKES BLVD., SUITE 304 WEST PALM BEACH FL 33409 83 Zip Code 85 City 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, and accept the obligations of Section 607.0505. Florida Statutes D.R. JONES, PRESIDENT AND DIRECTORS IN 12 ADDITIONS/CHANGES TO OFFICERS OFFICERS AND DIRECTORS 13. 12 Change Addition DELETE 1.1 TH: F TITLE JONES, DOUG 1.2 NAME NAME 2300 PALM BEACH LAKES BLVD., SUITE 304 1.3 STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 33409 1.4 CITY ST-ZIP CITY - S1 - ZIP Change Addition DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CHTY-ST ZIP CITY - ST-ZIP Change Addition DELETE 3 1 11/LE TITLE 3 2 NAME 3.3 STHEET ADDRESS STREET ADDRESS 3.4 CITY-ST ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADORESS 4.4 CHTY - ST- ZIP CITY-ST-ZIP Change Addition DELETE 5.1 101:16 TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY ST ZIP CITY-ST-2IP Change Addition DELETE

64 CITY-ST ZIP 14. I do hereby certify that the information supplied with this fling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes 1 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

6 1 TITLE

6.2 NAME

6 3 STREET ADDRESS

TITLE

NAME

STREET ADDRESS

(36/8)