## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

P95000071009 (1) **DOCUMENT #** 

1. Corporation Name OCEANSIDE MORTGAGE SERVICES, INC.

				T JANGINGE TIN SAJAT DYIKK ANDIY NAUL BESTE ANDIY TAAD 1954JJ DAY	NO BOILD IBIL HODI	
Principal Place o	f Business	Mailing Address				
114 CLEARWATER-LARGO ROAD SOUTH 114 CLEARWATER-LARGO ROAD SOUTH						
CLEARWATER	FL 34640	CLEARWATER FL 346	40			
				3. Date incorporated or Qualified 3a. Date of Last F 09/11/1995		
2. Principa! Plac	e of Business	2a. Mailing Address		4, FEI Number	Applied For	
n		26		59-3339464 Not Applica		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		LE Contitionate of Status Lieured B. L	Fee Required	
City & State		City & State			00 May Be	
:3		28		Trust Furia Contribution Addition	ed to Fees	
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under s     Florida Statutes   ▼ Yes □ No	3 199.032,	
24	25	29	30	10. Name and Address of New Registered Agent		
	9. Name and Address of Cur	rent Registered Agent	81 Name	10. Name and values of the same and the same		
			-	Donofrio, Frank Ed		
DONOFRIO, FRANK			82 Street A	82 Street Address (P.O. Box Number is Not Acceptable) 114 Clearwater/Largo Rd So.		
	ARWATER-LARGO ROAD SO	UIH	83	114 Ofeatwater/ Dargo Nu Doi		
CLEARW	ATER FL 34640		"			
			84 City	_ 1_1   1   1   1   1   1   1   1   1	Zip Code <b>34640</b>	
		500 - J 007 4500 Florido Ptotu	too the above named cor	rargo	مكام امميما مالام	
<ol><li>Pursuant to or registere</li></ol>	othe provisions of Sections 607.05 diagent, or both, in the State of F	lorida. Such channe was authori	ized by the corporation's t	rporation submits this statement for the purpose of changing is poard of directors. I hereby accept the appointment as registere	ed agent. I am	
familiar with	, and accept the obligations of, S	ection 607 0505/ Elorido Statute	es. Frank Ed Dono	ofrio 4/8/96		
SIGNATURE	- fol Ed-1	1///	FEATIK EQ DOTT			
9	signature type to printed name of registered	gent and title applicable (N	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECT	ORS IN 12	
12.	n Orroging	DELETE	1 1 TITLE	P XX Change		
TITLE -	DONOFRIO, FRANK		1.2 NAME	onofrio, Frank Ed		
ALA OLEADINATED LADOO DOAD COL		HTILOS DADS C		13 STREET ADDRESS 114 Clearwater/Largo Rd So.		
STREET ADDRESS	CLEARWATER FL 34640	3 (10/15 000111	1,4 CITY - ST - ZIP	Largo, FL 34640		
CITY - ST - 712	D	<b>™</b> I DELETE	2. 1 TITLE	V Change	e 🔲 Addition	
THILE	DONOFRIO, PAULINE		2.2 NAME	Mitchell, Tracy M		
NAME	114 CLEARWATER-LARGO	D ROAD SOUTH	2 3 STREET ADDRESS	114 Clearwater/Largo Rd So		
STREET ADDRESS	CLEARWATER FL 34640		2.4 CITY-ST-ZIP	Largo, FL 34640		
THILE	OLLANIA EN 1 E 01010	☐ DELETE	3. 1 TITLE	Chan ye	e 🔲 Addition	
NAME			3.2 NAME			
STREET ADDRESS			3.3. STREET ADDRESS			
1			3 4 CITY-ST-ZIP			
CHTY-ST-ZIP TITUE		☐ DELETE	4 1 TITLE	☐ Chang	e 🔲 Addition	
NAME			4 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY - ST - 2IP			
TITLE		☐ DELETE	5. 1 TITLE	Chang	e 🗌 Addition	
NAME			5.2 NAME			
STREET ADDRESS			53 STREET ADDRESS			
CITY-ST-ZIP			54 CITY-ST-ZIP	## A.		
TITLE		☐ DELETÉ	6. 1 TITLE	Char g	ge 🔲 Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
			6.4 CITY-ST-ZIP		tidos I filaber	
certify that	t the information indicated on this I am an officer or director of the c Block 12 or Block 13 <b>Lena</b> nged	annual report of supplies liental a corporation of the receiver of trus	stee empowered to execut	alify for the exemption stated in Section 119.07(3)(k), Florida Staccurate and that my signature shall have the same legal effect are this report as required by Chapter 607, Florida Statutes; and	s if made under that my name	
		-1-1-			ED1 6600	

SIGNATURE:

Frank Ed Donofrio NAME OF SIGNING OFFICER OR DIRECTOR

(813)581-6690 Daytime Phone #