

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

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Jan 20 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000071009 (1)

1. Corporation Name
OCEANSIDE MORTGAGE SERVICES, INC.



Principal Place of Business Mailing Address
114 CLEARWATER-LARGO ROAD SOUTH 114 CLEARWATER-LARGO ROAD SOUTH
CLEARWATER FL 34640 CLEARWATER FL 34640

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 118 Clearwater/Largo Road So.		26 SAME		09/11/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3339464	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Largo, FL 33770		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		7. 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	
24		25		29	
26		27		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
DONOFRIO, FRANK 114 CLEARWATER-LARGO ROAD SOUTH CLEARWATER FL 34640				81 Name Tracy M Mitchell			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				118 Clearwater/Largo Road So.			
				83			
				84 City Largo FL 85 Zip Code 33770			

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 *Tracy M Mitchell* Tracy M Mitchell President 1/7/97
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 <input checked="" type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME DONOFRIO, FRANK				1.1 TITLE			
STREET ADDRESS 114 CLEARWATER-LARGO ROAD SOUTH				1.2 NAME			
CITY-ST-ZIP CLEARWATER FL 34640				1.3 STREET ADDRESS			
				1.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE				2.1 TITLE			
NAME MITCHELL, TRACEY M				2.2 NAME			
STREET ADDRESS 114 CLEARWATER-LARGO ROAD SOUTH				2.3 STREET ADDRESS			
CITY-ST-ZIP CLEARWATER FL				2.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE				3.1 TITLE			
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE				4.1 TITLE			
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE				5.1 TITLE			
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE				6.1 TITLE			
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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 *Tracy M Mitchell*

CR2E034 (10/97)