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Mar 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P95000080161 (9)**

1. Corporation Name
ADVANCED MORTGAGE SOLUTIONS, INCORPROATED

Principal Place of Business	Mailing Address
1 FARRADAY LANE **SUITE 2B** **PALM COAST FL 32137** **US**	**13 SAND DOLLAR DRIVE** **ORMOND BEACH FL 32176-2188**

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified: **10/19/1995**
3a. Date of Last Report: **04/18/1996**
4. FEI Number: **59-3335231** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

SCHWARZ, WARREN A
13 SAND DOLLAR DRIVE
ORMOND BEACH FL 32716

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ (NOTE: Signature required when no Florida agent) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~PDT~~	☒ DELETE		☐ Change ☐ Addition
NAME	~~HACKNEY, CYNTHIA L~~			
STREET ADDRESS	~~11 SEA RAVEN TERRACE~~			
CITY-ST-ZIP	~~ORMOND BEACH FL~~			
TITLE	VSD PSD	☐ DELETE	PSD	☑ Change ☐ Addition
NAME	SCHWARZ, TAMMY J			
STREET ADDRESS	13 SAND DOLLAR DRIVE			
CITY-ST-ZIP	ORMOND BEACH FL			
TITLE	CV CVT	☐ DELETE	CVT	☑ Change ☐ Addition
NAME	SCHWARZ, WARREN A			
STREET ADDRESS	13 SAND DOLLAR DRIVE			
CITY-ST-ZIP	ORMOND BEACH FL			
TITLE		☐ DELETE		☐ Change ☐ Addition
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		☐ DELETE		☐ Change ☐ Addition
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		☐ DELETE		☐ Change ☐ Addition
NAME				
STREET ADDRESS				
CITY-ST-ZIP				

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: _____ 3/14/97 Ward Hackney

CR2E034 (9/96)