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

May 13, 1999 8:00 am Secretary of State

05-13-1999 90038 014 ***150.00

DOCUMENT # P95000092321

ALLEN MORTGAGE SERVICES CORPORATION

Principal Place of Business Mailing Address						#10 101 10 11 00	11 0 0 1 11 01 1 1 0 1
22388 SW 57TH CIRCLE 22388 SW 57TH CIRCLE BOCA RATON FL 33428 BOCA RATON FL 33428							
BOOM NATOR PE 30420					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed		
					12/05/1995		
2. Principal Place of Business 22. Mailing Address					4. FEI Number	<u> </u>	plied For
21 12706 82nd Street No 26					65-0639456		t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certificate of Status Desired	\$8.75 A Fee Rec	
City & State City & State 23 W. Palm. Beach 28 City & State					6. Election Campaign Financing Trust Fund Contribution	\$5.00°i Added to	
			Country		This corporation owes the current year Personal Property Tax.		□No
9. Name and Address of Current Registered Agent					10. Name and Address of New Registers	d Agent	
8				ame			
ALLEN, LILLI ANNE A				treet Addre	ass (P.O. Box Number is Not Acceptable)		
22388 SW 57TH CIRCLE							
BOCA RATON FL 33428			83				
			84 C	ity	F	85 Zip C	ode
					pration submits this statement for the purpose		registered
l office or r	egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida. Such change was autops of, Section 607.0505, Florid	horized by the la Statutes.	corporatio	n's board of directors. Thereby accept the applications $4/20/9$	ointment as reg	jistered
			egistered Agent sign	nature required	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
12.	D OFFICERS AND	□ DELETE	1.1 TITLE		ADDITIONS STRATEGES TO STREET	☐ Change	Addition
NAME	ALLEN, LILLI A		1.2 NAME				
STREET ADDRESS			1.3 STREET ADD	RESS			
CITY-ST-ZIP	TOOL DITON SI ON INC		1.4 CITY-ST-ZIP				
TITLE	DOOK WITCH TE 00720	☐ DELETE	2.1 TITLE			☐ Change	☐ Addition
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREET ADD	RESS			İ
CITY-ST-ZIP			2.4 CITY-ST-ZIP			<u></u>	
TITLE		☐ DELETE	31 TITLE			Change	Addition
NAME	}		3.2 NAME				
STREET ADDRESS			3.3 STREET ADD	RESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE			Change	☐ Addition
NAME			4, 2 NAME				
STREET ADDRESS	and the state of t		4.3 STREET ADDRESS				
CiTY-ST-ZIP	El priore		4.4 CiTY-ST-ZiF	-		Change	
TITLE			5.1 TITLE			☐ Change	☐ Addition
NAME			5.2 NAME	1			

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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

DELETE

I HILL ANNE ALLEL

4/20/99 Daytime Pho

Daytime Phone #

Change

☐ Addition

(80/11/98)