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Feb 26 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 # P95000093118 (4)

1. Corporation Name

FIRST ATLANTIC MORTGAGE SERVICES, INC.

Principal Place of Business

9009 SEMINOLE BLVD
SUITE 2-B
SEMINOLE FL 34642
US

Mailing Address

9009 SEMINOLE BLVD
SUITE 2-B
SEMINOLE FL 33772-3147
US

3. Date Incorporated or Qualified
12/07/1995

3a. Date of Last Report
05/14/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

4. FEI Number
59-3345866

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

MLINARICH, DEAN R
9009 SEMINOLE BLVD
SUITE 2-B
SEMINOLE FL 34642

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSTD
NAME MLINARICH, DEAN R
STREET ADDRESS 13825 ICOT BLVD., SUITE 608
CITY- ST- ZIP CLEARWATER FL 34620
15

TITLE
NAME MEYERS, FAY BAMD
STREET ADDRESS 13825 ICOT BLVD., SUITE 608
CITY- ST- ZIP CLEARWATER FL 34620

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE MLINARICH, DEAN R. ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 1900 BLEN LAKE BLVD. PSTD
1.4 CITY- ST- ZIP ST. PETE, FL 33702

2.1 TITLE MLINARICH, FAY B. ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 1900 BLEN LAKE BLVD. VPD
2.4 CITY- ST- ZIP ST. PETE, FL 33702

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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:

DEAN R. MLINARICH
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-20-97 X 813-399-1956

CR2E034 (9/96)