

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

FILED
Mar 08, 1999 8:00 am
Secretary of State

03-08-1999 90038 046 ***150.00

DOCUMENT # P95000093118

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 34642
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/07/1995

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 owes the current year intangible
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 5338 1st Ave. North
Suite, Apt. #, etc.

22

City & State

23 St. Petersburg, FL

Zip

24 33710-8106

Country

25 U.S.

2a. Mailing Address

26 5338 1st Ave. North
Suite, Apt. #, etc.

27

City & State

28 St. Petersburg, FL

Zip

29 33710-8106

Country

30 U.S.

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

Dean Mlinarich

82 Street Address (P.O. Box Number is Not Acceptable)

5338 1st Avenue North

83

84 City

St. Petersburg

FL

85 Zip Code

33710-8106

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

X Dean R. Mlinarich

X Dean R. Mlinarich

X 2-26-99

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 ☐ DELETE

NAME MLINARICH, DEAN R

STREET ADDRESS 2085 MASS AVE N.E.

CITY-ST-ZIP ST PETERSBURG FL 33703

TITLE VPD ☐ DELETE

NAME MLINARICH, FAY B

STREET ADDRESS 2085 MASS AVE N.E.

CITY-ST-ZIP ST PETERSBURG FL 33703

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE:

X Dean R. Mlinarich

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X Dean R. Mlinarich

Date

X 2-26-99

X 727-322-1507

Daytime Phone #

CR2E034 (11/98)

0009461