


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED  
AND  
FILED

1997 JUL 25 AM 11:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P96000002407 (0)

1. Corporation Name

AMERIMORTGAGE SERVICES INC.

Principal Place of Business

5219 EHRlich RD.  
TAMPA FL 33624

Mailing Address

5219 EHRlich RD.  
TAMPA FL 33624

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/03/1996 3a. Date of Last Report N/A

4. FEI Number 59-3352104 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 or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 13902 N. DALE MARY	26 P.O. Box 271016
22 Suite, Apt. #, etc. 230	27 Suite, Apt. #, etc.
23 City & State TAMPA, FLORIDA	28 City & State TAMPA, FLORIDA
24 Zip 33618	29 Zip 33608
25 Country Hillsborough	30 Country Hillsborough

9. Name and Address of Current Registered Agent

RAPPAPORT, STUART S  
5219 EHRlich RD.  
TAMPA FL 33624

81 Name SAMC
82 Street Address (P.O. Box Number is Not Acceptable) 13902 N. DALE MARY HWY
83 STE # 230
84 City TAMPA FL 85 Zip Code 33618

10. Name and Address of New Registered Agent

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 firm if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAPPAPORT, STUART S	1.2 NAME	200002258192--8
STREET ADDRESS	21530 CLUBSIDE LOOP	1.3 STREET ADDRESS	-08/05/97--01075--008
CITY-ST-ZIP	LUTZ FL 33549	1.4 CITY-ST-ZIP	****165.00 ****165.00
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAPPAPORT, MARIE C	2.2 NAME	
STREET ADDRESS	21530 CLUBSIDE LOOP	2.3 STREET ADDRESS	
CITY-ST-ZIP	LUTZ FL 33549	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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

Stuart S. Rappaport

7/2/97 212 9102901

CR2E034 (4/97)



## AMERIMORTGAGE SERVICES INC.

294

13902 N. DALE MARRY HWY. #230, TAMPA, FLORIDA 33618  
PO BOX 271016, TAMPA, FLORIDA 33688

TELEPHONE: (813) 869-2971  
FAX: (813) 869-0150

July 22, 1997

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Fl. 32314

Re: Annual Corporate Report

To Whom It May Concern:

On January 10, 1997 a change of address was sent to your office and also to the Division of Finance. Enclosed you will find a copy of that change form along with a receipt from the Division of Finance. We never received a receipt from your department.

When your office sent out the initial notice of Renewal, it was never received.

However, when the 2<sup>nd</sup> notice was sent, it came to the right address. It was received at this office on July 17, 1997.

I do not feel that I should be penalized for not getting my payment in to your office on time, since I followed the necessary steps for a proper change of address.

On July 21, 1997, I called your office and spoke with a gentleman by the name of Mike. I explained my situation to him. He asked me to explain in writing and include my check for \$165 to renew my corporation for the year. He felt that once I explained the situation, that the original fee would be acceptable.

Sincerely,

Stuart S. Rappaport  
Amerimortgage Services Inc.

394

031328

STATE OF FLORIDA  
DEPARTMENT OF BANKING AND FINANCE

STATE CAPITOL BUILDING, TALLAHASSEE, FLORIDA 32399-0350 PHONE (904) 487-2583

MORTGAGE BROKERAGE BUSINESS LICENSE

THE MORTGAGE BROKERAGE BUSINESS INDICATED BELOW IS LICENSED  
UNDER THE PROVISIONS OF CHAPTER 494, FLORIDA STATUTES.

EFFECTIVE DATE 09/01/95 EXPIRATION DATE 08/31/98

BUSINESS LOCATION: 5219 EHRlich RD  
TAMPA, FL 33624

AUDIT NUMBER  
MBB 9700983

AMERIMORTGAGE SERVICES INC  
PO BOX 271016  
TAMPA, FL 33688-1016

*David F. McQuinn*  
COMPTROLLER OF FLORIDA

CHANGE OF ADDRESS FOR MORTGAGE BROKERAGE BUSINESS

Please indicate your change of address in the space provided below.

MAILING ADDRESS:

P.O. BOX 271016

PO BOX OR Street Address

CITY TAMPA

STATE FLORIDA

ZIP 33688

LOCATION ADDRESS: (PO BOX is not acceptable)

13902 N. DALE MARRY HWY. #230

Street Address

CITY TAMPA

STATE FLORIDA

ZIP 33618

State

Zip

*Michael*  
11/16/98



**OFFICE OF COMPTROLLER  
STATE OF FLORIDA**

**TALLAHASSEE  
32399-0350**

494

**ROBERT F. MILLIGAN  
COMPTROLLER OF FLORIDA**

**JANUARY 23, 1997**

**AMERIMORTGAGE SERVICES INC  
PO BOX 271016  
TAMPA, FL 33688-1016**

**RE: MBB 9700983**

**Dear Licensee:**

**As requested, our records have been updated to show the following  
change(s) of address:**

**LOCATION ADDRESS FROM: 5219 EHRLICH RD  
TAMPA, FL 33624**

**TO: 13902 N DALE MABRY HWY #230  
TAMPA, FL 33618**

**Please attach this notice to your current license as evidence of  
this change.**

**Sincerely,**

*Heather Clemons*  
**HEATHER CLEMONS**

**CLERK  
Division of Finance  
The Capitol  
Tallahassee, FL 32399-0350**