FILE NOW; FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000012907 (7)

MORTGAGE MAX SERVICES, INC.

Principal Place of Business 3326 NE 33 CT., #102 ET LAUDERD NE EL 23308 Mailing Address

3326 NE 33 ST. #102 FT. LAUDERDALE FL 33308-7110 FILED
May 13 1997 8:00am
Secretary of State



FI. LAUDENDA	at it man	FI. DRUDERDINGE PL 35505	7110		
		(ı	3. Date Incorporated or Qualified 02/07/1996	Sa, Date of Last Report
	ace of Business	26. Mailing Address	8330	4. FEI Number	Applied For
21 3111	University DRIVE		1020	65-0644813	Not Applicable
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	9	City & State		6. Election Campaign Financing	\$5.00 May Be
	L SPRINGS FL		RINGS IL.	Trust Fund Contribution	Added to Fees
Zipi Tago I	5 Country USA	Zip 77075	Country	8. This corporation has liability for in	
24 330-6	9. Name and Address of Current	29 33075 3	o USA	Florida Statutes 10. Name and Address of New Rec	Yes No
LIEN .	IRIQUES, JUDITH	Hadistolen Wallt	81 Name	10. Haile and Address of New Hes	hatered Algerit
3826 NE 33 ST.,				ess (P.O. Box Number is Not Acceptable	(e)
	ENODERDALE I C 00000		83		
			84 City	· .	Jan 1 7:- 0-4-
					FL 85 Zip Code
office or a	erristered agent, or both, in the State o	of Florida. Such change was aut	thorized by the cornorat	oration submits this statement for the pulion's board of directors. I hereby accep	urpose of changing its registered
agent. Lar	rn familiar with, and accept the obligat	tions of, Section 607.0505, Flori	da Statutes.	La	t the appointment as registered
SIGNATURE .	THOUTH HENRIG	vES -	-mar x	tennous	4/15/97
12.	Signature, typed or printed name of registered agen OFFICERS AND		Registered Agent signature requir	ed when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE PROCESSING IN 12
liftE	PTS	DELETE DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICE	Change Addition
NAME	THENRIQUES JUDITH	,	1,2 NAME		
STREET ADDRESS	3328 NE 33 ST., #102	1	1.3 STREET ADDRESS 3	UNIVEREITY	same
CHY-ST-ZIP	FT. LAUDERDALE FT 33308	•	1.4 CITY-ST-ZIP	17 725- 17 par	UGS R 33065
TITLE	*	DELETE	2.1 TITLE	COICHC STOR	Change Addition
NAMÉ	•		2.2 NAME		
STREET ADORESS			2.3 STREET ADDRESS		
CHY-ST-ZIP			2 4 City-St-ZiP		
TOLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ACORESS			9.3 STREET ADDRESS		İ
CHTY+ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	41 TITLE	i i	Change Addition
NAME	•		4. 2 NAME	*•	
STREET ADORESS			4.3 STREET ADDRESS		
CITY-51-ZIP			4.4 City-St-ZIP		
TITLE		DELETE	51 THTLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CHY-ST-ZIP			5.4 CITY-ST-ZIP	****	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADORESS			6.3 STREET ADDRESS		
CITY-SI-ZIP		and the fitting of the second	64 CITY - ST - ZIP	No. of the second secon	
14. I do hereb	by certify that the information supplied.	with this fiting does not qualify I	for the exemption stated	Lin Section 119 07(3)(i). Florida Statutes	I further certify that the

4. 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: MICHAEL SIGNATURE AND TYPED OR PRINTED NAME OF BIOMING OFFICER OR DIRECTOR HENRIQUES 4/15/94 954 340 1965