

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.)

FILED
 Aug 08 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 # P96000019664 (7)
 1. Corporation Name
 AGA MORTGAGE SERVICE, INC.



Principal Place of Business: 3100 66TH WAY NORTH SAINT PETERSBURG FL 33710
 Mailing Address: 3100 66TH WAY NORTH SAINT PETERSBURG FL 33710

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 6880-46 AVE. N		26 6880-46 Ave N		03/04/1996			
Suite, Apt. #, etc. 22 Ste 220		Suite, Apt. #, etc. 27 Ste 220		4. FET Number 59-3365033		Applied For Not Applicable	
23 City & State ST Petersburg, FL		28 City & State ST Petersburg, FL		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
24 Zip 33709		25 Country Pinellas		29 Zip 33709		30 Country Pinellas	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

AMERILAWYER CHARTERED
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134

B1 Name MARY ANN AREHART
 B2 Street Address (P.O. Box Number is Not Acceptable) 6880-46 Ave N
 B3 Ste 220
 B4 City St Petersburg FL B5 Zip Code 33709

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: *Mary Ann Arehart* DATE: 7-22-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD <input type="checkbox"/> DELETE	1.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AREHART, ALVEY G	1.2 NAME	ALVEY G. AREHART
STREET ADDRESS	3100 66TH WAY NORTH	1.3 STREET ADDRESS	3100-66 Way N
CITY-ST-ZIP	SAINT PETERSBURG FL 33710	1.4 CITY-ST-ZIP	ST Petersburg, FL 33710
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AREHART, MARY ANN	2.2 NAME	Arehart, MaryAnn
STREET ADDRESS	3100 66TH WAY NORTH	2.3 STREET ADDRESS	3100-66 Way N
CITY-ST-ZIP	SAINT PETERSBURG FL 33710	2.4 CITY-ST-ZIP	ST Petersburg, FL 33710
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: *Mary Ann Arehart* DATE: 7-22-97 813-541-3390

CR2E034 (4/97)