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PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

98 AUG -3 AM 11:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # *PQ160000027530*

1. Corporation Name

*Florida Mortgage Services, Inc.*

Principal Place of Business

Mailing Address

*5100 Tamiami Trail N.  
Suite 150  
Naples, FL 34103*

*Same*

REINSTATEMENT *97-98*

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

*5100 Tamiami Trail N.*

*Same*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

*150*

*Same*

City & State

City & State

*Naples, FL*

*Same*

Zip

Country

Zip

Country

*34103*

*USA*

*34103*

*USA*

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

*Corporation Service Company  
1201 Hays Street  
Tallahassee, FL 32301*

81 Name

*Norman B. Kluger*

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

*5100 Tamiami Trail North*

83

*Suite 150*

84 City

*Naples*

FL

85 Zip Code

*34103*

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 *Norman B. Kluger*

*Norman B. Kluger*

*4/30/98*

NOTE: Registered Agent's signature required when reinstating.

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

*President & Secretary - Treasurer*

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

*Norman B. Kluger  
5100 Tamiami Trail N. Suite 150  
Naples, FL 34103*

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

*100002612551--7  
-08/11/98--01024--015  
\*\*\*\*908.75 \*\*\*\*908.75*

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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.

SIGNATURE:

*Norman B. Kluger*

*9/14/98*

*941-263-3061*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/97)