

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.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000036185 (2)

1. Corporation Name
PIONEER MORTGAGE SERVICES, INC.

Principal Place of Business
1124 JEFFERSON ST
HOLLYWOOD FL 33019

Mailing Address
1124 JEFFERSON ST
HOLLYWOOD FL 33019

FILED

97 JUL 24 AM 8:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/23/1996	3a. Date of Last Report
4. FEI Number 65-0661466	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 6702 1/2 Stirling RD Suite, Apt. #, etc. 22 City & State 23 Hollywood Florida Zip 24 33024 Country 25 U.S.A.	2a. Mailing Address 26 6702 1/2 Stirling RD Suite, Apt. #, etc. 27 City & State 28 Hollywood Florida Zip 29 33024 Country 30 U.S.A.
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9. Name and Address of Current Registered Agent

DIMONDA, SYLVIA
1124 JEFFERSON ST
HOLLYWOOD FL 33019

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

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 title 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	DIMONDA, SYLVIA	1.2 NAME	000002252680--0
STREET ADDRESS	1124 JEFFERSON ST	1.3 STREET ADDRESS	-07/30/97--01077--019
CITY-ST-ZIP	HOLLYWOOD FL 33019	1.4 CITY-ST-ZIP	***165.00 ***165.00
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		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: DIMONDA SYLVIA

4/11/97 02 254 8930204

CR2E034 (4/97)



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Pioneer Mortgage Services, Inc.

Licensed Mortgage Brokerage Business
6702 1/2 Stirling Road • Hollywood, FL 33024
954-893-0204 • Fax: 954-893-0207 • Pager: 306-6370

July 15, 1997

Department of State
Division of Corporations
Annual Reports Section
P.O. Box 1500
Tallahassee, Florida 32302-1500

To Whom This May Concern,

I have just received the 1997 Profit Corporation Annual Report . This is marked as a 2nd notice. I have never received a first notice. I moved to this new address in January and notified the Department of Banking and Finance at that time. Today, I called your department and was told to send the original \$165.00 fee. I am enclosing same. I hope that this will put the matter to rest. Thank you for your considerations.

Sincerely

Sylvia Di Monda
Sylvia Di Monda
Pioneer Mtg. Svces, Inc.