

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000036185 (2)

1. Corporation Name

PIONEER Mortgage Services, INC.

Principal Place of Business

6702 1/2 Stirling Rd.
Hollywood, FL 33024

Mailing Address

6702 1/2 Stirling Rd
Hollywood, FL
33024

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

4-23-96

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	65-0661466	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28	<input type="checkbox"/>	
Zip	Zip	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
24	29		
Country	Country		
25	30		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DIMONDA, SYLVIA
6701 1/2 Stirling Rd
Hollywood, FL 33024

81 Name Patrick J. Condon
82 Street Address (P.O. Box Number is Not Acceptable)
2718 Monroe St
83
84 City Hollywood FL 85 Zip Code 33020

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 Patrick J. Condon Patrick J. Condon President

6-22-98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.1 NAME
NAME	NAME	1.2 NAME	1.2 NAME
STREET ADDRESS	STREET ADDRESS	1.3 STREET ADDRESS	1.3 STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	1.4 CITY-ST-ZIP	1.4 CITY-ST-ZIP
TITLE	NAME	2.1 TITLE	2.1 NAME
NAME	NAME	2.2 NAME	2.2 NAME
STREET ADDRESS	STREET ADDRESS	2.3 STREET ADDRESS	2.3 STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	2.4 CITY-ST-ZIP	2.4 CITY-ST-ZIP
TITLE	NAME	3.1 TITLE	3.1 NAME
NAME	NAME	3.2 NAME	3.2 NAME
STREET ADDRESS	STREET ADDRESS	3.3 STREET ADDRESS	3.3 STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	3.4 CITY-ST-ZIP	3.4 CITY-ST-ZIP
TITLE	NAME	4.1 TITLE	4.1 NAME
NAME	NAME	4.2 NAME	4.2 NAME
STREET ADDRESS	STREET ADDRESS	4.3 STREET ADDRESS	4.3 STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	4.4 CITY-ST-ZIP	4.4 CITY-ST-ZIP
TITLE	NAME	5.1 TITLE	5.1 NAME
NAME	NAME	5.2 NAME	5.2 NAME
STREET ADDRESS	STREET ADDRESS	5.3 STREET ADDRESS	5.3 STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	5.4 CITY-ST-ZIP	5.4 CITY-ST-ZIP
TITLE	NAME	6.1 TITLE	6.1 NAME
NAME	NAME	6.2 NAME	6.2 NAME
STREET ADDRESS	STREET ADDRESS	6.3 STREET ADDRESS	6.3 STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	6.4 CITY-ST-ZIP	6.4 CITY-ST-ZIP

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: Patrick J. Condon Patrick J. Condon

6-22-98

(954) 893-0204

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/97)