

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

FILED

May 20 1997 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1997

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

DOCUMENT # P96000073562 (6)

1. Corporation Name  
FIRST HOME MORTGAGE SERVICES, INC.



Principal Place of Business  
1831 SW 72 AVENUE  
PLANTATION FL 33317

Mailing Address  
1831 SW 72 AVENUE  
PLANTATION FL 33317-5038

3. Date Incorporated or Qualified  
09/05/1996

3a. Date of Last Report

2. Principal Place of Business  
21 6190 N. W. 11th St.  
Suite, Apt. #, etc.  
22 Suite #1  
City & State  
23 Fort Lauderdale, Fl  
Zip  
24 33313  
Country  
25 Broward

2a. Mailing Address  
26 6190 N. W. 11 St.  
Suite, Apt. #, etc.  
27 Suite #1  
City & State  
28 Fort Lauderdale, Fl  
Zip  
29 33313  
Country  
30 Broward

4. FEI Number  
65-0736295

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent  
WEIGNER, SIDNEY F  
1831 SW 72 AVENUE  
PLANTATION FL 33317

10. Name and Address of New Registered Agent  
81 Name Ed.T. Way  
82 Street Address (P.O. Box Number is Not Acceptable)  
6190 N. W. 11 Street  
83 Suite #3  
84 City Fort Lauderdale, FL 85 Zip Code 33313

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 *Ed. T. Way*  
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	WEIGNER, SIDNEY F	xx DELETE No longer President	1.1 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				1.2 NAME	Phil Cottone		
STREET ADDRESS				1.3 STREET ADDRESS	810 Lismore		
CITY-ST-ZIP		1831 SW 72 AVENUE PLANTATION FL 33317		1.4 CITY-ST-ZIP	Syrma, GA 30080	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE			<input type="checkbox"/> DELETE	2.1 TITLE	Pat Hughes		
NAME				2.2 NAME	92 Woodhall Drive		
STREET ADDRESS				2.3 STREET ADDRESS	Mulberry, Fl 33860	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	Director
CITY-ST-ZIP				2.4 CITY-ST-ZIP			
TITLE			<input type="checkbox"/> DELETE	3.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				3.2 NAME	Richard W. Waters		
STREET ADDRESS				3.3 STREET ADDRESS	1910 NW 114 Ave		
CITY-ST-ZIP				3.4 CITY-ST-ZIP	Plantation, Fl 33323	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE			<input type="checkbox"/> DELETE	4.1 TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				4.2 NAME	Nichole Califano		
STREET ADDRESS				4.3 STREET ADDRESS	431 Live Oak Pl #104		
CITY-ST-ZIP				4.4 CITY-ST-ZIP	Fort Lauderdale, Fl 33324	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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	\$165 Bank		
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 *Ed. T. Way* 4-22-97 054 721-4141

CR2E034 (9/96)