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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

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Feb 03 1998 8:00am

Secretary of State

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DIVISION OF CORPORATIONS

DOCUMENT # P96000075844 (6)

Block 12 or Block 13 if changed, or on an attachment with an address

ACTION MORTGAGE SERVICES, INC.

Principal Place of Business Mailing Address 6070 N FEDERAL HWY 6845 BRIDLEWOOD COURT **BOCA RATON FL 33433** STE #119 DO NOT WRITE IN THIS SPACE **BOCA RATON FL 33487** 3. Date Incorporated or Qualified 09/10/1996 2, Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 Not Applicable 65-0693263 Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing П 23 Trust Fund Contribution Added to Fees Zip Zip Country Country 8. This corporation owes or has paid the current year Intangible Yes 24 Personal Property Tax due June 30. 25 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BRACKETT, STEVEN C . Steven 6845 BRIDLEWOOD COURT 82 N Federal **BOCA RATON FL 33433** 83 Zip Code 33433 84 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. Brackett SIGNATURE int signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TITLE D 🔲 DELETE ☐ Change Addition 1.1 TITLE NAME BRACKETT, STEVEN C 1.2 NAME 6845 BRIDLEWOOD COURT STREET ADDRESS 1.3 STREET ADDRESS **BOCA RATON FL 33433** CITY-ST-ZIP 1.4 CITY - ST - 2IP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY - ST-7IP DELETE Change TITLE 3.1 TITLE Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP ☐ DELETE TITLE ___ Addition 4.1 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CHTY-ST-ZIP TITLE DELETE 6 1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP

SIGNATURE: The a Roman Steven C. Brackett 1-20-98 561-998-09

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