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FILED  
Jul 10 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P97000006620 (3)

1. Corporation Name

SUNWEST FINANCIAL SERVICES, INC.

ADVANTAGE MORTGAGE SERVICES, INC.

NC  
12-31-97

Principal Place of Business

Mailing Address

3703 W XEELE ST  
TAMPA FL 33609

3703 W XEELE ST  
TAMPA FL 33609

5287 Ehrlich Rd.

5287 Ehrlich Rd

TAMPA FL 33624

TAMPA FL 33624

2. Principal Place of Business

2a. Mailing Address

21 4230 GLEN HAVEN LN

26 4230 GLEN HAVEN LN

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 TAMPA, FLORIDA

28 TAMPA, FLORIDA

Zip

Country

Zip

Country

24 33624

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29 33624

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ALVAREZ, ANTHONY S

3804 PRESERVE CT #304 4230 Glen Haven Ln.

TAMPA FL 33624

TAMPA FL 33624

81 Name

ALVAREZ, ANTHONY S

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

4230 GLEN HAVEN LN

83

84 City

TAMPA

FL

85 Zip Code

33624

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 of registered agent or principal officer 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 ☐ DELETE

NAME President  
Anthony S. Alvarez  
STREET ADDRESS 5287 Ehrlich Rd.  
CITY-ST-ZIP TAMPA FL 33624

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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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.

CR2E034 (10/97)