

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 25, 1999 8:00 am
Secretary of State

04-25-1999 90044 034 ***150.00

DOCUMENT # P97000021843

1. Corporation Name

LIBERTY MORTGAGE SERVICES, INC.

Principal Place of Business

4821 U.S. HIGHWAY 19, SUITE #4
NEW PORT RICHEY FL 34652

Mailing Address

4821 U.S. HIGHWAY 19, SUITE #4
NEW PORT RICHEY FL 34652

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/11/1997

4. FEI Number

59-3437503

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 owes the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

21 4821 U.S. 19

Suite, Apt. #, etc.

22 SUITE 2

City & State

23 New Port Richey, FL

Zip

24 34652

25 U.S.

2a. Mailing Address

26 4821 U.S. 19

Suite, Apt. #, etc.

27 SUITE 2

City & State

28 New Port Richey, FL

Zip

29 34652

30 U.S.

9. Name and Address of Current Registered Agent

KALOGIANIS, CONSTANTINE ESQ.
4821 U.S. HIGHWAY 19, SUITE #4
NEW PORT RICHEY FL 34652

10. Name and Address of New Registered Agent

81 Name

KALOGIANIS, CONSTANTINE

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

4821 U.S. 19, SUITE 2

83

84 City

New Port Richey FL

85 Zip Code

34652

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)

1-29-99

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME KALOGIANIS, CONSTANTINE
STREET ADDRESS 4821 U.S. HIGHWAY 19, SUITE 4
CITY-ST-ZIP NEW PORT RICHEY FL 34652

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

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STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT ☒ Change ☐ Addition

1.2 NAME KALOGIANIS, CONSTANTINE

1.3 STREET ADDRESS 4821 U.S. 19, SUITE 2

1.4 CITY-ST-ZIP NEW PORT RICHEY, FL 34652

2.1 TITLE SECRETARY ☐ Change ☒ Addition

2.2 NAME KALOGIANIS, KATHY

2.3 STREET ADDRESS 4821 U.S. 19, SUITE 2

2.4 CITY-ST-ZIP NEW PORT RICHEY, FL 34652

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-29-99 827 817-0950

CR2E034 (11/98)