FILED
May 27 1998 8:00am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # P97000044186

1. Corporation Name
WORLDWIDE MORTGAGE SERVICES, INC.

Principal Place of Business
5905 S. UNIVERSITY DR.
DAVIE, FL 33328

Mailing Address
5905 S UNIVERSITY
DAVIE, FL 33328

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

2. Principal Place of Business
21 5905 S. UNIVERSITY
Suite, Apt. #, etc.
22
City & State
23 DAVIE, FL
Zip 24 33328 Country 25 BROWARD

2a. Mailing Address
26 5905 S. UNIVERSITY
Suite, Apt. #, etc
27
City & State
28 DAVIE, FL
Zip 29 33328 Country 30 BROWARD

4. FEI Number 65-0769385 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 or has paid the current year Intangible Personal Property Tax due June 30 ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
SHARON FLOOD
5905 S. UNIVERSITY DR.
DAVIE, FL 33328

10. Name and Address of New Registered Agent
81 Name SHARON FLOOD
82 Street Address (P.O. Box Number is Not Acceptable) 5905 S. UNIVERSITY DR.
83
84 City DAVIE FL 85 Zip Code 33328

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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 SHARON FLOOD 4/28/98
Signature typed or printed name of registered agent (NEW) Registered Agent signature required at time of change DATE

12. OFFICERS AND DIRECTORS

TITLE PRESIDENT ☐ DELETE
NAME SHARON FLOOD
STREET ADDRESS 5905 S. UNIVERSITY DR.
CITY-ST-ZIP DAVIE, FL 33328

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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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

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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 the attached list with an addition.

SIGNATURE: SHARON FLOOD 11/28/98 954-431-1122
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Telephone #
PRESIDENT