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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P97000047487 (8)

FILED Mar 11 1998 8:00am Secretary of State

District State	ESS MORTGAGE SERVICES				
•	e of Business	Mailing Address			
1025 S. SEMORAN BLVD., STE. 1093 1025 S. SEMORAN BLVD. WINTER PARK FL 32792 WINTER PARK FL 32792				DO NOT WRITE IN	THIS SPACE
				3. Date Incorporated or Qualified	· · · · · · · · · · · · · · · · · · ·
				06/01/1997	
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
	E. Colonial Prive	26		59-34495-86	Not Applicable
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat		City & State		6. Election Campaign Financing	\$5.00 May Be
WANTED TO		28	T 6	Trust Fund Contribution	Added to Fees
コ ^{Zip} ない(Country	Zip	Country	8. This corporation owes or has paid	
24 00	Name and Address of Curren	29	30	Personal Property Tax due June 30 10. Name and Address of New Regis	
		Alexandr Whall	81 Name		HANNE AND IN
	UNCHUCK, DENNIS	•••	Der	nnis, Hunchurk	
	125 S. SEMORAN BLVD., STE. 10	<i>19</i> 3	82 Street	Address (P.O. Box Number is Not Acceptable	ما
ΨV	INTER PARK FL 32792		83 4	7 East Colonial Dri	<u> </u>
			1 1 1 1 1	ando	
			84 City		85 Zip Code
					FL 32826
11. Pursuant office or r	to the provisions of Sections 607.050. registered agent, or both, in the State	2 and 607.1508, Florida Stati of Florida, Such change was	utes, the above-named authorized by the core	corporation submits this statement for the pur poration's board of directors. I hereby accept t	pose of changing its registered he appointment as registered
agent La	m familiar with and accept the obliga	tional of Section 607 AFAE	authorized by the corp	bordion o board or anobiolog, moroey aboopt	no appointment do registeroa
agont ra		1110119 01, 30011011 007.0303, F	lorida Statutes.	21	4/4
SIGNATURE	(h)	de	Mesident	<u> </u>	2/98
SIGNATURE	Signature, types or printed name of registered age:	nt and title if appt-cable (NC	MeSident Signature	required when reinstating)	2/98 DATE
SIGNATURE	Signature, typod or printed name of registered age: OFFICERS ANI	nt and little if applicable (NC	Mesident DIE Registored Agent signature 13.	<u> </u>	DATE AS AND DIRECTORS IN 12
SIGNATURE 12. TITLE	Signature, typod or printed name of registered ages OFFICERS AND	nt and title if appt-cable (NC	MeSide WH DE Registored Agent agnature 13.	required when reinstating)	DATE AS AND DIRECTORS IN 12
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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.