

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

FILED  
Apr 10 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P97000083177 (0)  
1. Corporation Name  
RESIDENTIAL MORTGAGE SAVINGS CORPORATION

Principal Place of Business

801 N. MAGNOLIA AVE., STE. 201  
ORLANDO FL

Mailing Address

801 N. MAGNOLIA AVE., STE. 201  
ORLANDO FL

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/25/1997

4. FEI Number

59-2859265

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

2. Principal Place of Business

21 2529 W. BUSCH BLVD.

Suite, Apt. #, etc.

22 600

City & State

23 TAMPA, FL.

Zip

24 33618

Country

25 HILLS.

2a. Mailing Address

26 P.O. BOX 271074

Suite, Apt. #, etc.

27

City & State

28 TAMPA, FL.

Zip

29 33688

Country

30 HILLS.

9. Name and Address of Current Registered Agent

ABRAMS, LEHN E  
801 N. MAGNOLIA AVE., STE. 201  
ORLANDO FL

10. Name and Address of New Registered Agent

81 Name

STEPHEN S. OLIVER

82

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

16104 ARMISTEAD LANE

83

84

City

ODESSA

FL

85

Zip Code

33556

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 STEPHEN S. OLIVER PRESIDENT

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

April 3, 1998

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME RICKERSHAUSER, GRACE  
STREET ADDRESS 1406 WHITAKER RD.  
CITY-ST-ZIP LUTZ FL 33549

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
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 ☒ Change ☐ Addition

1.2 NAME PRESIDENT  
1.3 STREET ADDRESS STEPHEN S. OLIVER  
1.4 CITY-ST-ZIP 2529 W. Busch Blvd. suite 600  
TAMPA, FL. 33618

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

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.

SIGNATURE STEPHEN S. OLIVER PRESIDENT

CR2E034 (10/97)