


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

FILED

Apr 16 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000093047 (3)**  
1. Corporation Name

**ADVANCED MORTGAGE STRATEGIES, INC.**



Principal Place of Business <b>5100 WEST COPANS ROAD SUITE #800A MARGATE FL 33063</b>	Mailing Address <b>5100 WEST COPANS ROAD SUITE #800A MARGATE FL 33063</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>7821 NW 40 ST</b> Suite, Apt. #, etc. 22 City & State 23 <b>CORAL SPRINGS</b> Zip 24 <b>FL</b> Country 25 <b>USA</b>		2a. Mailing Address 26 <b>7821 NW 40 ST</b> Suite, Apt. #, etc. 27 City & State 28 <b>CORAL SPRINGS</b> Zip 29 <b>FL</b> Country 30 <b>USA</b>		3. Date Incorporated or Qualified <b>10/29/1997</b>	
		4. FEI Number <b>65-0794287</b>		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>NA</b>	

9. Name and Address of Current Registered Agent

**HAIRE, BENJAMIN H ESQ.  
5100 WEST COPANS ROAD  
SUITE #800A  
MARGATE FL 33063**

10. Name and Address of New Registered Agent

81 Name	<b>CYNTHIA A. LESOGOR</b>
82 Street Address (P.O. Box Number is Not Acceptable)	<b>7931 SOUTHGATE BLVD #E-7</b>
83	
84 City	<b>N. LAUDERDALE</b>
85 Zip Code	<b>FL 33063</b>

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

*Cynthia A. Lesogor, Director*

**4-8-98**

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D LESOGOR</b>	<input type="checkbox"/> DELETE
NAME	<b>LESOGOR, CYNTHIA A E</b>	
STREET ADDRESS	<b>7931 SOUTHGATE BLVD. #E-7</b>	
CITY-ST-ZIP	<b>NORTH LAUDERDALE FL 33068</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>HAIRE, BENJAMIN H</b>	
STREET ADDRESS	<b>5100 WEST COPANS ROAD, SUITE #800A</b>	
CITY-ST-ZIP	<b>MARGATE FL 33063</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>HAIRE, JIM</b>	
STREET ADDRESS	<b>7821 NW 40 ST</b>	
CITY-ST-ZIP	<b>CORAL SPRINGS, FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Cynthia A. Lesogor*

*Cynthia A. Lesogor 4-8-98*

**954-755-3241**

CR2E034 (10/97)