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May 04, 1999 8:00 am
Secretary of State

05-04-1999 90109 010 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P98000022576

1. Corporation Name

AFFORDABLE MORTGAGE SERVICES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**309 SOUTH PALMWAY
APT. 5
LAKE WORTH FL 33460**

Mailing Address
**309 SOUTH PALMWAY
APT. 5
LAKE WORTH FL 33460**

3. Date Incorporated or Qualified

03/09/1998

2. Principal Place of Business

21 166 POST RD

Suite, Apt. #, etc.

22

23 WEST PALM BEACH, FL

City & State

24 33415 **25 USA**

Zip Country

2a. Mailing Address

26 931 VILLAGE BLVD

Suite, Apt. #, etc.

27 905-134

28 WEST PALM BEACH, FL

City & State

29 33409 **30 U.S.A.**

Zip Country

4. FEI Number

65-0819102

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

9. Name and Address of Current Registered Agent

**COMOLLO, GEORGE H
309 SOUTH PALMWAY
APT. 5
LAKE WORTH FL 33460**

10. Name and Address of New Registered Agent

81 Name GEORGE H COMOLLO

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

166 POST RD

83

84 City WEST PALM BEACH, FL

85 Zip Code 33415

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 **GEORGE COMOLLO**

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

(NOTE: Registered Agent signature required when reinstating)

4-29-99

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME COMOLLO, GEORGE H
STREET ADDRESS 309 SOUTH PALMWAY, APT. 5
CITY-ST-ZIP LAKE WORTH FL 33460

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT (P) ☐ Change ☒ Addition
1.2 NAME TERRY HARTIG
1.3 STREET ADDRESS 166 POST RD
1.4 CITY-ST-ZIP WEST PALM BEACH, FL 33415

2.1 TITLE GEORGE COMOLLO ☒ Change ☐ Addition
2.2 NAME TREASURER/DIRECTOR (T.D)
2.3 STREET ADDRESS 166 POST RD
2.4 CITY-ST-ZIP WEST PALM BEACH, FL 33415

3.1 TITLE MICHAEL WILBUR ☐ Change ☒ Addition
3.2 NAME DIRECTOR (D)
3.3 STREET ADDRESS 166 POST RD
3.4 CITY-ST-ZIP WEST PALM BEACH, FL 33415

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

4/29/99 **581-745-2362**

Date Daytime Phone #

CR2E034 (11/98)