

NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Sep 07, 1999 8:00 am
Secretary of State

09-07-1999 90009 048 ***550.00

PROFIT CORPORATION ANNUAL REPORT 1999

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



DOCUMENT # **P98000070022**
 Corporation Name
PROFESSIONAL MORTGAGE SOLUTIONS, INC.

Place of Business Mailing Address
PLACIDA ROAD, SUITE 101 ENGLEWOOD FL 34224
2800 PLACIDA ROAD, SUITE 101 ENGLEWOOD FL 34224



DO NOT WRITE IN THIS SPACE

1. Date of Incorporation or Qualification
08/07/1998

2. FEI Number
65-0857103

3. Certificate of Status Desired \$8.75 Additional Fee Required

4. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

5. This corporation owes the current year Intangible Personal Property. Yes No

9. Name and Address of Current Registered Agent
BOSSMAN, BRENDA STARR
2800 PLACIDA ROAD, SUITE 101
ENGLEWOOD FL 34224

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

I warrant 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 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 the 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 on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Brenda Starr Bossman* (NOTE: Registered Agent signature required when reinstating) DATE

OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
<input type="checkbox"/> DELETE D BOSSMAN, BRENDA STARR 2424 PLACIDA ROAD, UNIT 303D ENGLEWOOD FL 34224	<input type="checkbox"/> Change <input type="checkbox"/> Addition 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
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<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
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SIGNATURE: *Brenda Starr Bossman* **REQUIRED** President **9/3/99** (940)698-8869

CR2E034 (5/99)