FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

APPROVED AND FILED

95 MAY 10 PM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S83506 (3)

1. Corporate Name

FULL SERVICE MORTGAGE CORPORATION

Principal Place of Business

2950 ALOMA AVE
SUITE 400
WINTER PARK FL 32792

Mailing Address

2950 ALOMA AVE
SUITE 400
WINTER PARK FL 32792

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/02/1991

3a. Date of Last Report: 02/01/1994

2. Principal Place of Business — 21

2a. Mailing Address — 26

4. FEI Number: 59-3093557

Applied For ☐
Not Applicable ☐

State, Address — 22

State, Address — 27

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

City — 23

City & State — 28

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

Zip — 24 — County — 25

Zip — 29 — County — 30

8. Does corporation owe any back taxes under Florida Statutes? ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

FERNANDEZ, CASILDA
2950 ALOMA AVE
SUITE 400
WINTER PARK FL 32792

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

11. Pursuant to the provisions of Section 607.193, Florida Statutes, the above named corporation submits the following statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The registered office and the registered agent, after the change, will be identical.

SIGNATURE

12. OFFICERS AND DIRECTORS

	D
NAME	FERNANDEZ, CASILDA
	2950 ALOMA AVE #400
	WINTER PARK FL
	D
NAME	FERNANDEZ, GUILLERMO J.
	2950 ALOMA AVE #400
	WINTER PARK FL
	S
NAME	CALZADA, RICARDO
	2950 ALOMA AVE. STE 400
	WINTER PARK FL
NAME	
NAME	
NAME	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

	☐ Change ☐ Addition
NAME	
	☐ Change ☐ Addition
NAME	
	☐ Change ☐ Addition
NAME	
	☐ Change ☐ Addition
NAME	
	☐ Change ☐ Addition
NAME	

14. I hereby certify that the information supplied with this filing, and any attached additional sheets, 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 I am familiar with the contents of this report.

SIGNATURE: Casilda Fernandez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CASILDA FERNANDEZ

5-5-95

(407) 677-5157

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