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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **S83506** **(3)**

1. Corporation Name
FULL SERVICE MORTGAGE CORPORATION

Principal Place of Business	Mailing Address
1320 N. SEMORAN BLVD. SUITE ~~112~~ 200 ORLANDO FL 32807 US	1320 N SEMORAN BLVD. SUITE ~~112~~ 200 ORLANDO FL 32807-3552

3. Date Incorporated or Qualified: 10/02/1991
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21 1320 N.SEMORAN BLVD
Suite, Apt. #, etc.
22 SUITE 200
City & State
23 ORLANDO, FLORIDA
Zip 24 32807 Country 25

2a. Mailing Address
26 1320 N. SEMORAN BLVD.
Suite, Apt. #, etc.
27 SUITE 200
City & State
28 ORLANDO, FLORIDA.
Zip 29 32807 Country 30

4. FEI Number: 59-3093557 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FERNANDEZ, CASILDA
1320 N. SEMORAN BLVD.
STE 112
ORLANDO FL 32807

10. Name and Address of New Registered Agent

81 Name: FERNANDEZ, CASILDA.
82 Street Address (P.O. Box Number is Not Acceptable): 1320 N. SEMORAN BLVD.
83 STE 200
84 City: ORLANDO FL 85 Zip Code: 32807

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FERNANDEZ, CASILDA 1320 N. SEMORAN BLVD. SUTIE ~~112~~ 200 ORLANDO FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D FERNANDEZ, CASILDA 1320 N. SEMORAN BLVD. SUITE 200 ORLANDO, FL 32807	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FERNANDEZ, GUILLERMO J. 1320 N. SEMORAN BLVD. SUITE ~~112~~ 200 ORLANDO FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D FERNANDEZ, GUILLERMO J. 1320 N. SEMORAN BLVD. SUITE 200 ORLANDO, FL 32807	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S LEROUX ~~SLEIMAN~~, JULISSA N 1320 N. SEMORAN BLVD. SUITE ~~112~~ 200 ORLANDO FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	S LEROUX, JULISSA N. 1320 N. SEMORAN BLVD. SUITE 200 ORLANDO, FL 32807	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/96)

14. I do 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: Casilda Fernandez 4/4/97