

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

1995 MAY - 1 AM 9: 47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S84807** (4)

1. Corporation Name
EXECUTIVE MORTGAGE SERVICES, INC.

500001484755
-05/11/95--01101-023
****200.00 ****200.00
DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address
4802 GUNN HWY STE #146-114 TAMPA FL 33624
4802 GUNN HWY STE #146-114 TAMPA FL 33624

3. Date Incorporated or Qualified **10/03/1991** 3a. Date of Last Report **02/28/1994**

2. Principal Place of Business 2a. Mailing Address
21 *SAME* 26 *SAME*

4. FEI Number **59-3093086** Applied For Not Applicable

Suite, Apt., etc. 27 *114*

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

City & State 28 *SAME*

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

Zip 29 *SAME* Country 30 *SAME*

6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHECHT, NEIL S.
4830 W KENNEDY BLVD #280
TAMPA FL 33609

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 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 *Bonita F. Myers, President* DATE *4-24-95*

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MYERS, BONITA F.	1 2 NAME	
STREET ADDRESS	16108 BELLE MEADE BLVD	1 3 STREET ADDRESS	
CITY, ST, ZIP	ODESSA FL	1 4 CITY, ST, ZIP	
TITLE	VSD	2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MYERS, THOMAS L.	2 2 NAME	
STREET ADDRESS	16108 BELLE MEADE BLVD	2 3 STREET ADDRESS	
CITY, ST, ZIP	ODESSA FL	2 4 CITY, ST, ZIP	
TITLE		3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3 2 NAME	
STREET ADDRESS		3 3 STREET ADDRESS	
CITY, ST, ZIP		3 4 CITY, ST, ZIP	
TITLE		4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY, ST, ZIP		4 4 CITY, ST, ZIP	
TITLE		5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY, ST, ZIP		5 4 CITY, ST, ZIP	
TITLE		6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY, ST, ZIP		6 4 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(2)(b), 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 (as requested), or on an attachment with an address.

SIGNATURE: *Bonita F. Myers, President* DATE *4-24-95* *813/968-2600*