

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

**APPROVED  
AND  
FILED**

1995 MAY - 1 AM 9: 47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

CORPORATION ANNUAL REPORT 1995  
FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS



DOCUMENT # **S84807** (4)  
1. Corporation Name  
**EXECUTIVE MORTGAGE SERVICES, INC.**

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

2. Principal Place of Business 2a. Mailing Address  
21 *SAME* 26 *SAME*  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 *114* 27 *114*  
City & State City & State  
23 *SAME* 28 *SAME*  
Zip Country Zip Country  
24 *SAME* 25 *SAME* 29 *SAME* 30 *SAME*

3. Date Incorporated or Qualified 3a. Date of Last Report  
10/03/1991 02/28/1994  
4. FEI Number Applied For  
59-3093086 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  
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
SCHECHT, NEIL S.  
4830 W KENNEDY BLVD #280  
TAMPA FL 33609

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 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	
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 designated, or on an attachment with an address.

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