## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90207 008 \*\*\*150.00

DOCUMENT#	S84807
Corporation Name	001007

Corporation	n Name 304007				
EXECUT	IVE MORTGAGE SERVICES.	INC.			
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Principal Place	e of Business	Mailing Address			BIOTI DIBIL LOSI
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STE.#114	· ·	STE.#114			
TAMPA FL 3362	24	TAMPA FL 33624		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualifed	
				10/03/1991	
2. Principal P	lace of Business	2a. Mailing Address			pplied For
21		26		30 000000	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		E Cartiforto of Status Degisor	Additional equired
22		27		<u> </u>	
City & State		City & State		1 2 4 11	May Be to Fees
23		28	Country		to rees
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible Personal Property Tax.	□No
24	25	29 30	0	Personal Property Tax.	
	9. Name and Address of Current	Registered Agent	81 Name	to. Haine and Address of New Registered Agent	
പേ	IECHT, NEIL S.				
	) W KENNEDY BLVD #280		82 Street Add	fress (P.O. Box Number is Not Acceptable)	ĺ
	PA FL 33609		83		
IAM	FA FE 33009	•	83		
	•		84 City	FL 85 Zip	Code
}					registered.
Affice or r	registered agent, or both, in the State o	if Florida. Such change was auth	horized by the corborat	poration submits this statement for the purpose of changing it ion's board of directors. I hereby accept the appointment as re	egistered
Affice or r	to the provisions of Sections 607.0502 registered agent, or both, in the State of familiar with, and accept the obligations.	if Florida. Such change was auth	horized by the corborat	ion's board of directors. I hereby accept the appointment as re	egistered
Affice or r	registered agent, or both, in the State on the state of the familiar with, and accept the obligation in the state of the s	of Florida. Such change was autr ions of, Section 607.0505, Florid	horized by the corporation and the statutes.	ion's board or directors. Thereby accept the appointment as n	egistered
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6.4 CITY-ST-ZIP 14. I 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 a attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

**SIGNATURE:** 

NAME

STREET ADDRESS