


FILED
May 21 1997 8:00 am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED May 21 1997 8:00 am Secretary of State	
DOCUMENT # V22607 (8) <small>1. Corporation Name</small> MORTGAGE BANKERS SERVICE CORP.					
<small>Principal Place of Business</small> 9832 WEST SAMPLE ROAD CORAL SPRINGS FL 33065			<small>Mailing Address</small> 9832 WEST SAMPLE ROAD CORAL SPRINGS FL 33085-4006		
<small>2. Principal Place of Business</small>		<small>2a. Mailing Address</small>		<small>3. Date Incorporated or Qualified</small>	
21		26		03/20/1992	
<small>Suite, Apt. #, etc.</small>		<small>Suite, Apt. #, etc.</small>		<small>4. FEI Number</small>	
22		27		65-0323280	
<small>City & State</small>		<small>City & State</small>		<small>5. Certificate of Status Desired</small>	
23		28		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
<small>Zip</small>		<small>Country</small>		<small>6. Election Campaign Financing Trust Fund Contribution</small>	
24		29		<input type="checkbox"/> \$5.00 May Be Added to Fees	
				<small>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</small>	
				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<small>9. Name and Address of Current Registered Agent</small>			<small>10. Name and Address of New Registered Agent</small>		
POZZUOLI III ESQ., EDWARD J. 500 EAST BROWARD BLVD. SUITE 1480 FT. LAUDERDALE FL 33394			<small>81 Name</small>		
			<small>82 Street Address (P.O. Box Number is Not Acceptable)</small>		
			<small>83</small>		
			<small>84 City</small>		
			FL		
			<small>85 Zip Code</small>		
<small>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.</small>					
SIGNATURE _____ DATE _____					
<small>(NOTE: Registered Agent signature required when reinstating)</small>					
<small>Signature typed or printed name of registered agent and title if applicable</small>					
<small>12. OFFICERS AND DIRECTORS</small>			<small>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</small>		
TITLE	PO POZZUOLI, EDWARD J.		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	9832 WEST SAMPLE ROAD				
STREET ADDRESS	CORAL SPRINGS FL				
CITY - ST - ZIP					
TITLE	VD GENDUSO, THOMAS		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	9832 WEST SAMPLE ROAD				
STREET ADDRESS	CORAL SPRINGS FL 33085				
CITY - ST - ZIP					
TITLE	<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE	<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE	<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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STREET ADDRESS					
CITY - ST - ZIP					
TITLE	<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME					
STREET ADDRESS					
CITY - ST - ZIP					

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SIGNATURE.