

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

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007598

PROFIT CORPORATION ANNUAL REPORT 1998



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

FILED

98 JUL 22 AM 10:12

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DOCUMENT # V55843 (9)
 1. Corporation Name INTERSTATE MORTGAGE SERVICES CORPORATION

Principal Place of Business: 17873 FIELDBROOK CIRCLE, BOCA RATON FL 33496, US
 Mailing Address: 17873 FIELDBROOK CIRCLE, BOCA RATON FL 33496, US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/06/1992

4. FEI Number: 65-0349335 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 owes or has paid the current year Intangible Personal Property Tax due June 30: Yes No

9. Name and Address of Current Registered Agent: MAURER, JANI E, 170 SPANISH RIVER BLVD W, BOCA RATON FL 33431

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 85 Zip Code: FL

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: DP	NAME: TAMACCIO, ANTHONY	1.1 TITLE:	300002597973-0
STREET ADDRESS: 17873 FIELDBROOK CIR.	CITY-ST-ZIP: BOCA RATON FL	1.2 NAME:	-07/24/98--01078--015
TITLE: ST	NAME: TAMACCIO, ANTHONY	1.3 STREET ADDRESS:	***158.75 ***158.75
STREET ADDRESS: 17873 FIELDBROOK CIR.	CITY-ST-ZIP: BOCA RATON FL	1.4 CITY-ST-ZIP:	
TITLE:	NAME:	2.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	2.2 NAME:	
TITLE:	NAME:	2.3 STREET ADDRESS:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	2.4 CITY-ST-ZIP:	
TITLE:	NAME:	3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	3.2 NAME:	
TITLE:	NAME:	3.3 STREET ADDRESS:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	3.4 CITY-ST-ZIP:	
TITLE:	NAME:	4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	4.2 NAME:	
TITLE:	NAME:	4.3 STREET ADDRESS:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	4.4 CITY-ST-ZIP:	
TITLE:	NAME:	5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	5.2 NAME:	
TITLE:	NAME:	5.3 STREET ADDRESS:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	5.4 CITY-ST-ZIP:	
TITLE:	NAME:	6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	6.2 NAME:	
TITLE:	NAME:	6.3 STREET ADDRESS:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	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 an attachment with an address.

SIGNATURE: _____ (561) 997-1299

CR2E034 (5/98)

2

INTERSTATE MORTGAGE SERVICES CORPORATION
17873 Fieldbrook Circle
Boca Raton, Florida 33496

(561) 997-6399

Fax: (561) 995-8011

July 17, 1998

Division of Corporations
Annual Report Filings
P.O. Box 6327
Tallahassee, FL 32314

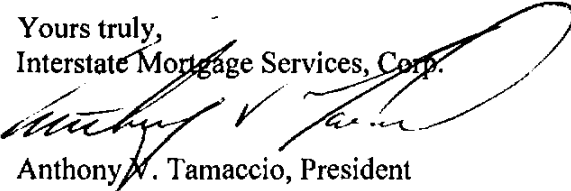
Att. Leslie Sellers

Dear Ms. Sellers,

As per our phone conversation, enclosed please find a replacement for the original document that had been previously received by your office and signed for by a J. Roberts. Also enclosed find a replacement check for the \$158.75 for the required fee.

Thank you for your attention in this matter.

Yours truly,
Interstate Mortgage Services, Corp.



Anthony W. Tamaccio, President

AVT/tlm
Enclosures

