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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # 183792

KERWIN MORTGAGE CORPORATION

Principal Place of Business FREDERICK K. BROWN 5944 S.W. 73RD STREET SOUTH MIAMI FL 33143 Mailing Address

FREDERICK K. BROWN 5944 S.W. 73RD STREET SOUTH MIAMI FL 33143

## FILED Feb 17, 1999 8:00am Secretary of State

02-17-1999 90084 038 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

					03/07/1955	•	
2. Principal I	Place of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number	, Ai	oplied For
21	26				59-0745834	N <sub>4</sub>	ot Applicable
<b>—</b>	Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired	<b>\$8.75</b> Fee R	Additional equired
2					6. Election Campaign Financing	\$5.00	May Ro
— `	¬,				6. Election Campaign Financing \$5.00 May Trust Fund Contribution Added to Fer		•
Zip				,	8. This corporation owes the current year		
24	25	29	30		Personal Property Tax.	☐ Yes	□No
47	9. Name and Address of Currer		11		10. Name and Address of New Registers	ed Agent	
			81	Name			
BROWN, FREDERICK K				82 Street Address (P.O. Box Number is Not Acceptable)		• • •	
5944 SW 73RD ST				Street Add	ress (P.O. box Number is Not Acceptable)	*	
S MIAMI FL 33143			83				想到道
			84	City		. 85 Zip	Códe
					F	'L   ,	
office or agent. I	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change was a	uthorized by	the corporati	poration submits this statement for the purpose ion's board of directors. I hereby accept the ap	or changing its	egistered
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE	: Registered Ager	nt signature require	ed when reinstating) DATE	· · · · · ·	
12.	OFFICERS AN	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	PD	☐ DELETE	1.1 TITLE		The state of the s	☐ Change	☐ Addition
NAME	BROWN,FREDERICK K., JR.		1.2 NAME				
STREET ADDRESS	s 5944 SW 73RD ST.		1.3 STREET	T ADDRESS	·		
CITY-ST-ZIP	S MIAMI FL		1.4 CfTY-S	T-ZIP		**	
TITLE	DS	☐ DELETE	2.1 TITLE		•	☐ Change	☐ Addition
NAME	LINDA B.HO		2.2 NAME			•	
STREET ADDRESS	s 5944 SW 73RD ST.		2.3 STREET	T ADDRESS		1.2	
CITY-ST-ZIP	S MIAMI FL		2. 4 CITY-S	ST-ZIP		. 7	
TITLE	D	☐ DELETE	3.1 TITLE			Change	☐ Addition
NAME	BROWN, LYNN M		3.2 NAME				,
STREET ADDRESS	FOLL OWN TORR OT		3.3 STREET	TADDRESS			
CITY-ST-ZIP	S MIAMI FL		3.4. CITY-S	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			. Change	· Addition
NAME			4, 2 NAME				
STREET ADDRESS	s		. 4.3 STREET	TADORESS			****
CITY-ST-ZIP			4.4 CITY-S	T- ZIP		,	
TITLE	1	☐ DELETE	5.1 TITLE			Change	☐ Addition
NAME			5.2 NAME			•	
STREET ADDRES	s		5.3 STREET	TADORESS		•	
CITY-ST-ZIP	1 .		5.4 CITY-S	T- ZIP		•'	
TITLE		☐ DELETE	6.1 TITLE			Change	☐ Addition
NAME			6.2 NAME				
STREET ADDRES	,		6.3 STREET	TADORESS			
	<u> </u>		6.4 CITY-S	1			
CITY-ST-ZIP	i .	(i) 11: 51: - d 116 . 5-			Section 119.07(3)(i), Florida Statutes. I further	cortify that the	information

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 informatio 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 of the preciver 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 chapter in a practice with an address, with all other like empowered.

SIGNATURI

E AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

/19/59 305 667-1472 Date Date Dayling Phone # CR2E034 (11/98)