

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000026713 (6)**

1. Corporation Name

ROBERT KURLAND MORTGAGE CO., INC.



Principal Place of Business

Mailing Address

9200 S DADELAND BLVD
SUITE 504
MIAMI FL 33156

9200 S DADELAND BLVD
SUITE 504
MIAMI FL 33156

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
04/12/1993

3a. Date of Last Report
02/02/1995

4. FEI Number

65-0458859

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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

**KURLAND, ROBERT
9200 S DADELAND BLVD
SUITE 504
MIAMI FL 33156**

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 607.0502, Florida Statutes.

SIGNATURE

Robert Kurland

2001 Registered Agent signature required when re-registering

1/17/96

DATE

12. OFFICERS AND DIRECTORS

12.1	<input type="checkbox"/> DELETE	D	KURLAND, ROBERT	9200 S DADELAND BLVD SUITE 504	MIAMI FL 33156
12.2	<input type="checkbox"/> DELETE				
12.3	<input type="checkbox"/> DELETE				
12.4	<input type="checkbox"/> DELETE				
12.5	<input type="checkbox"/> DELETE				

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1	<input type="checkbox"/> Change <input type="checkbox"/> Addition	1.1 TITLE	
13.2		1.2 NAME	
13.3		1.3 STREET ADDRESS	
13.4	<input type="checkbox"/> Change <input type="checkbox"/> Addition	1.4 CITY - ST - ZIP	
13.5		2.1 TITLE	
13.6		2.2 NAME	
13.7		2.3 STREET ADDRESS	
13.8	<input type="checkbox"/> Change <input type="checkbox"/> Addition	2.4 CITY - ST - ZIP	
13.9		3.1 TITLE	
13.10		3.2 NAME	
13.11		3.3 STREET ADDRESS	
13.12	<input type="checkbox"/> Change <input type="checkbox"/> Addition	3.4 CITY - ST - ZIP	
13.13		4.1 TITLE	
13.14		4.2 NAME	
13.15		4.3 STREET ADDRESS	
13.16	<input type="checkbox"/> Change <input type="checkbox"/> Addition	4.4 CITY - ST - ZIP	
13.17		5.1 TITLE	
13.18		5.2 NAME	
13.19		5.3 STREET ADDRESS	
13.20	<input type="checkbox"/> Change <input type="checkbox"/> Addition	5.4 CITY - ST - ZIP	
13.21		6.1 TITLE	
13.22		6.2 NAME	
13.23		6.3 STREET ADDRESS	
13.24	<input type="checkbox"/> Change <input type="checkbox"/> Addition	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 119.07(3)(k), 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:

Robert Kurland
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/96

DATE

305-670-2507

DAYTIME PHONE #

CR2E034 (12/95)