## 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 # P93000026713

ROBERT KURLAND MORTGAGE CO., INC.

Principal Plac	ce or business	- Maning A	101622								
9200 S DADELAND BLVD		9200 \$ DADELAND BLVD									
SUITE 504* MIAMI FL 33156		SUITE 504 MIAMI FL 33156					DO NOT WRITE IN THIS SPACE				
MINIMI I E VOI	<b></b>	A	MINNI TE 00100				3. Date Incorporated or Qualifed				
	_						04/12/1993				
2. Principal F	Place of Business	2a. Mailing	g Address				4. FEI Number	-	$\Box\Box$	Applied For	
21		26					65-0458859			Not Applicable	
Suite, Apt.	. #, etc.	Suite,	Apt. #, etc.				5. Certifcate of Status Desired		<b>+</b> - · · ·	Additional	
22		27					3. Certificate of Status Desired		Fee I	Required	
City & Sta	te	City & State					6. Election Campaign Financing \$5.00 May Be				
23		28					Trust Fund Contribution			d to Fees	
Zip	Country	Zip		Coun	itry		8. This corporation owes the curre	ent year Int	angible □Yes	□No	
24	25	29		30			Personal Property Tax.  10. Name and Address of New R	agistarad			
	9. Name and Address of Current	Registered A	rgent		81 N	Name	10. Name and Address of New N	egistereu	-yeni		
KUF	** **** ***			L				·			
9200 S DADELAND BLVD				. [7	82 Street Address (P.O. Box Number is Not Acceptable)			ble)			
SUI	TE 504		83					o ak sair O 48/a Ivila	(	1 1 259 (5) (22)	
	MI FL 33156									組織循環	
	•			[1	<b>84</b> C	City		FI	85 Zi	Code	
gen a major	t to the provisions of Sections 607.0502	2 and 607 1508	Florida Statutes	the ab	OVO-D:	amed corn	oration submits this statement for the	nurnose of	changing i	ts registered	
office or	registered agent, or both, in the State of	of Florida. Suct	h change was aut	nonzed	by the	corporation	on's board of directors. I hereby accep	t the appoi	ntment as	registered	
क्षक agent. विव	am familiar with, and accept the obligati	ions of, Section	n-607.0505, Florid	da Statut	tes.			•			
SIGNATURE	Signature, typed or printed name of registered agent	and title if annlicable	n (NOTE: R	Registered A	laent sin	nature required	d when reinstating)	DATE			
12.	OFFICERS AND			13.	-go.n. sag	,	ADDITIONS/CHANGES TO OF	ICERS AN	D DIRECT	FORS IN 12	
TITLE	D		DELETE	1.1 TITL	.E		The state of the state of	-	Change	e 🔲 Addition	
NAME	KURLAND, ROBERT			1.2 NAM	Æ					,	
STREET ADDRESS	9200 S DADELAND BLVD SUI	TE 504		1.3 STR	EET ADI	DRESS					
CITY-ST-ZIP	MIAMI FL 33156			1.4 CITY	Y-ST-ZII	P				٠	
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NAME				2.2 NAM	Æ	-					
STREET ADDRESS				2.3 STR	REETAD	ORESS	· ·				
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NAME							* *** * * * * * * * * * * * * * * * *	68 5 F 18			
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of for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information occurate and that my signature shall have the same legal effect as if made under oath; that I am an to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in 14. I hereby certify that the information supplied with this filing does not indicated on this annual report or supplemental annual report is tru officer or director of the corporation or the refeiver or trustee emplock 12 or Block 13 if changed, or on an anachment with an action

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**FILED** 

Feb 08, 1999 8:00am

**Secretary of State** 

02-08-1999 90061 034 \*\*\*150.00