

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Shandra B. Mortman
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **G87272** (2)

1. Corporation Name

SERVICE MORTGAGE UNDERWRITERS, INC.



Principal Place of Business

**2222 PONCE DE LEON BLVD.
STE. 301
CORAL GABLES FL 33134
US**

Mailing Address

**2222 PONCE DE LEON BLVD.
STE. 301
CORAL GABLES FL 33134
US**

3. Date Incorporated or Qualified

01/04/1984

3a. Date of Last Report

02/17/1995

4. FEI Number

59-2467711

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**TOSCA, ROSA A
2222 PONCE DE LEON BLVD.
STE. 301
CORAL GABLES FL 33134**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83

84. City

FL

85. Zip Code

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.05(2) and 607.15(3), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent or both, the State of Florida. Said 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, the provisions of the Florida Statutes.

SIGNATURE

[Signature] 5/28/96

12.

OFFICERS AND DIRECTORS

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

**DPR
TOSCA, ROSA A.
1101 CORAL WAY
CORAL GABLES FL**

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

**P
TOSCA, ROSA, ALINA
3031 SW 109 CT
MIAMI FL**

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

13

1. TITLE

12. NAME

13. STREET ADDRESS

14. CITY, ST, ZIP

2. TITLE

22. NAME

23. STREET ADDRESS

24. CITY, ST, ZIP

3. TITLE

32. NAME

33. STREET ADDRESS

34. CITY, ST, ZIP

4. TITLE

42. NAME

43. STREET ADDRESS

44. CITY, ST, ZIP

5. TITLE

52. NAME

53. STREET ADDRESS

54. CITY, ST, ZIP

6. TITLE

62. NAME

63. STREET ADDRESS

64. CITY, ST, ZIP

ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

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 included in 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 of this report. If a receiver or trustee, attach with an affidavit.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/28/96

305r

445-2070

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