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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUM	MENT # 18379	)2 (1)			
	N MORTGAGE CORPORA	TION			
Principal Place	of Business	Mailing Address		T LOGICA NIGHT (BIGG EITH AND IN 1871 ALDIA	MINIS EINIT NANS AINS NINIT SANS
FREDERICK K	. BROWN	FREDERICK K. BROWN	l		
<b>5944 S.W. 73RD STREET</b> 5944 S.W. 73RD STREET				DO NOT WRITE IN TH	JIC CDACE
SOUTH MIAMI FL 33143 SOUTH MIAMI FL 33143			IJ	3. Date incorporated or Qualified	115 SPACE
				03/07/1955	
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-0745834	Not Applicable
Suite, Apt. 1	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		<b>6.</b> 50. man ci stata 200. ma	Fee Required
Clty & State		City & State		6. Election Campaign Financing	\$5.00 May Be
<b>23</b> Zip	Country		Country	Trust Fund Contribution	Added to Fees
24	25	29	30	<ol> <li>This corporation owes or has paid the Personal Property Tax due June 30.</li> </ol>	Yes No
	9. Name and Address of Curr		1991	10. Name and Address of New Register	
BRO	OWN, FREDERICK K		81 Name		
5944 SW 73RD ST			82 Street A	Address (P.O. Box Number is Not Acceptable)	
S MIAMI FL 33143			555(7)		
			83		
			84 City		85 Zip Code
				·	▝▙▕▁░
office or re	o the provisions of Sections 607.05 ogistered agent, or both, in the Sta n familiar with, and accept the obli	te of Florida. Such change wa	s authorized by the corp-	corporation submits this statement for the purpos oration's board of directors. I hereby accept the	appointment as registered
SIGNATURE			OTC CO.	equired when reinslating) DAT	
12.	Signature, typed or pentad name of registered agent and title if applicable (NOT OFFICERS AND DIRECTORS		OTF Registered Agent signature i	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	PD	DELETE	1.1 TITLE	Applitation, with death of the contraction of	Change Addition
NAME	BROWN, FREDERICK K., JR.		1.2 NAME		
STREET ADDRESS	<b>5944</b> SW 73RD ST.		1.3 STREET ADDRESS		
CITY-ST-ZIP	S MIAMI FL		14 CITY-ST-ZIP		
TITLE	DS	☐ DELETE	2.1 TITLE		Change Addition
NAME	LINDA B.HO		2.2 NAME		
STREET ADDRESS	<b>5944</b> SW 73RD ST.		2.3 STREET ADDRESS		
CITY-ST-ZIP	S MIAMI FL	T briere	2. 4 CITY - ST - ZIP		Dharas Dagge
TITLE	BROWN, LYNN M	☐ DELETE	3.1 TITLE		Change L Addition
NAME	5944 SW 73RD ST		3.2 NAME		
STREET ADDRESS	S MIAMI FL		3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	O THE WILL CO.	DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		ĺ
CITY-ST-ZIP	,		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 THTLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

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 en an attachment with an address.

1/14/94 205-662-1492

**FILED** 

Jan 26 1998 8:00am

Secretary of State