2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 20, 2004 08:00 AM Secretary of State

DOCL	JMEI	NT#	1837	92
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1. Entity Name

KERWIN MORTGAGE CORPORATION



Principal Place of Business

FREDERICK K. BROWN 5944 S.W. 73RD STREET MIAMI, FL 33143 Mailing Address

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



DO NOT WRITE IN THIS SPACE

01052004 No Chg-P CR2E034 (10/03)

4.	FEI Number 59-0745834	
_		 _

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

BROWN, FREDERICK K 5944 SW 73RD ST S MIAMI, FL 33143

DO NOT WRITE IN THIS SPACE

		and the state of t			
	named entity submits this statement for the plices of registered agent.	urpose of changing its registered of	ffice of r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered egent and title t	applicable (NOTE: Registered Age	ni signaluri	s required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Financing Trust Fund Contribution.	· _	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
TITLE NAME SIRRET ADDRESS CITY-SI-ZIP	PD BROWN,FREDERICK K., JR. 5944 SW 73RD ST. S MIAMI, FL				Habbanathanaa
TIPLE NAME STREET ADDRESS CITY-ST-ZIP	DS LINDA B.HO 5944 SW 73RD ST. S MIAMI, FL		U0000006902 01/20 /04-8 00 84- 022 150.0 0		
INTLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, LYNN M 5944 SW 73RD ST S MIAMI, FL		DO NOT WRITE		
TITLE NAME SIREEI ADDRESS CITY-ST-DP			IN THIS SPACE		
TITLE RAME STREET ADDRESS CITY-\$1-ZIP					
TITLE NAME STREET ADDRESS					

12. 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 report or supplemental 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 trusted appowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an ettachment with an address, with all other like empowered.

SIGNATURE

— <u>FRF8(14(r . i3 /16WN, v1</u> ed on printed name of signing officer on director 1 /16/2404 (365) 687-1472 Date Doyline Phone 8