

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 17 AM 11:11

DOCUMENT # 149550 (6)

1. Corporation Name

RECIPROCAL MORTGAGE COMPANY

Principal Place of Business

Mailing Address

C/O IRVING F KALBACK ESQUIRE
16 SOUTHWEST FIRST AVENUE
MIAMI FL 33130

C/O IRVING F KALBACK ESQUIRE
16 SOUTHWEST FIRST AVENUE
MIAMI FL 33130

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 12/18/1946	3a. Date of Last Report 02/21/1994
4. FEI Number 65-0029483	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	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KALBACK, IRVING F.
16 S.W. FIRST AVENUE
MIAMI FL 33130**

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	

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 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 NAME	PD KALBACK, IRVING F	13.1 NAME	☐ Change ☐ Addition
12.2 STREET ADDRESS	16 SW 1ST AVE	13.2 STREET ADDRESS	
12.3 CITY, ST, ZIP	MIAMI, FL 00000	13.3 CITY, ST, ZIP	
12.4 NAME	D THOMAS JR, FAYES F	13.4 NAME	☐ Change ☐ Addition
12.5 STREET ADDRESS	16 SW 1ST AVE	13.5 STREET ADDRESS	
12.6 CITY, ST, ZIP	MIAMI, FL 00000	13.6 CITY, ST, ZIP	
12.7 NAME		13.7 NAME	☐ Change ☐ Addition
12.8 STREET ADDRESS		13.8 STREET ADDRESS	
12.9 CITY, ST, ZIP		13.9 CITY, ST, ZIP	
12.10 NAME		13.10 NAME	☐ Change ☐ Addition
12.11 STREET ADDRESS		13.11 STREET ADDRESS	
12.12 CITY, ST, ZIP		13.12 CITY, ST, ZIP	
12.13 NAME		13.13 NAME	☐ Change ☐ Addition
12.14 STREET ADDRESS		13.14 STREET ADDRESS	
12.15 CITY, ST, ZIP		13.15 CITY, ST, ZIP	
12.16 NAME		13.16 NAME	☐ Change ☐ Addition
12.17 STREET ADDRESS		13.17 STREET ADDRESS	
12.18 CITY, ST, ZIP		13.18 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 110 (07/08), Florida Statutes. I further certify that the information included 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 liquidator empowered to receive this report as required by Chapter 007, Florida Statutes, and that my name appears in Block 12 or Block 13 of this filing, or in all applicable blocks of this filing.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FAYES F THOMAS JR

1/14/95

305-379-7561