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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham Secretary of State DIVISION OF CORPORATIONS

1996

DOCUN 1, Corporation	MENT # 3027	09 (1)								
· '	STATE MORTGAGE COR									
	THE MOTHER OF	, o								
Principal Place	of Business	Mailing Address	Mailing Address							i Didit Didit Hafi
5944 S.W. 73RD STREET			5944 S.W. 73RD STREET							
SOUTH MIAM	II FL 33143	SOUTH MIAMI FL 331	143						•	
						3. Date Incorporated or 03/08/1966	Qualified		ate of Last Ro 02/13/199	-1
2. Principal Pla	ace of Business	2a. Mailing Address	<u></u> i			4, FEI Number				Applied For
Suite, Apt. #	#. etc.	26				59-1148014				Not Applicable  5 Additional
[22]	···	27	¬			5. Certificate of Status D	esired		•	Required
City & State		City & State	<del></del>			6. Election Campaign Fir	_		\$5.0	O May Be
<b>23</b>	Coupley	28 Zes				Trust Fund Contribution		<u> </u>		d to Fees
7(p 24	Country 25	Ζφ <b>29</b>	Count	try		8. This corporation has li Florida Statutes		intangible : s □No	tax under s	199.032,
	9. Name and Address of Current Registered Agent					10. Name and Address			d Agent	
	······································		8	31	Name					
BROWN, FREDERICK K JR				32	Street Addre	ess (P.O. Box Number is Not	Acceptab	ble)		
	/ 73RD ST		83			T TO STATE OF THE				
S MIAMI	FL 33143									
			8	14	City			FL	85 Zip	p Code
11. Pursuant to	o the provisions of Sections 607.0	502 and 607.1508, Florida Statu	tes, the above	<u>I_</u> ∋ na	med corpora	ation submits this statement f	or the pu	roose of ch	hanging its r	registered office
or registere familiar with	ed agent, or both, in the State of F h, and accept the obligations of, S	Torida. Such change was authori. Section 607.0505, Florida Statute	zed by the co s.	rpor	ration's boar	d of directors. I hereby accep	it the app	ointment a	is registered	l agent. I am
SIGNATURE _										
12.	Signature typed or printed name of registered a	gert and the if applicable (N AND DIRECTORS	ÖʻE Begisterid Aç <b>II 13</b> .	gen' s	Signature recoursed	d when relies taking?  ADDITIONS/CHANGES	370.055	DATE TICERS AN	ID DIRECTO	SPS IN 12
TITLE	PD	DELETE		1.1101.6		ADDITIONS/CHANGE	3 10 011		Criange	Addition
NAME	BROWN, FREDERICK K JE		1.2 NAM	ΙE						
STREET ADDRESS	5944 SW 73RD ST		13 STRE	ET A	DDRESS					
CITY - ST - ZIP	S MIAMI FL		14 CHY	-12 -	ZIP					
TIILE	D	DELETE	2 1 Trile						Change	Addition
NAME	SWAIN, JOAN		2.2 NAME							
STREET ADDRESS	5940 SW 73 ST. S MIAMI FL			2.3 STREET ADDRESS						i
CITY-ST-ZIP TITLE	DELETE			2.4 GHY-S1-7F					Change	Addition
NAME	QUARLES,JULIAN M		3 2 NAME						Onlingo	7,000,000
STREET ADDRESS	5940 SW 73 ST.		3.3 SIHI	EET A	ADDRESS					
CITY-ST-ZIP	S MIAMI FL		3.4 C·TY	-\$1-	-ZiP					
TITLE	☐ DELETE		4 1 THU	4 1 TITLE					Change	☐ Addition
NAME			4.2 NAM	ſ						
STHEET ADDRESS			43 STRE	ET A	DDRESS					
CITY-ST-7IP		C ACLES	4.4 CiTY		ZIP				C) (b	
JI*LE		DELETE	5 1 1/11						☐ Change	Addition
NAME STREET ADDRESS			5.2 NAM		DDD: ee					
DITY ST-ZIP			5 3 STRE 5 4 CITY							
TITLE		DELETE	6 1 TITL				<del></del>		☐ Change	Addition
NAME			6.2 NAM							
STREET ADDRESS			63 STRE		DDRESS					1
CITY OF 7.0			C A CITY	c i	310					

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 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 cetti; that I am an officer or director of the comporation 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 for on an attachment with an address.

SIGNATURE:

\*\*TRANSPORT\*\*

\*\*TRANSPORT\*\*

\*\*PRESIDENT\*\*

\*\*A 3/3/64\*\*

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FREDERICIL IL BROWN, THE PRESIDENT X 3/13/56 X 305-665-7711