

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

FILED

**Apr 20 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 686419 (3)
 1. Corporation Name
SOUTH FLORIDA RESIDENTIAL MORTGAGE CO.



Principal Place of Business 1690 S CONGRESS AVE STE 200 DELRAY BEACH FL 33445 US	Mailing Address 1690 S CONGRESS AVE STE 200 DELRAY BEACH FL 33445 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/03/1980	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number 59-2048128	Applied For Not Applicable
23 Zip	25 Country	29 Zip	30 Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent NUNEZ, ANTONIO 1690 S CONGRESS AVE STE 200 DELRAY BEACH FL 33445				10. Name and Address of New Registered Agent	
				81 Name Pivinski, Joseph	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	85 Zip Code FL

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 *Joseph Pivinski* **Joseph Pivinski, Vice Pres.** **4/10/98**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE CD	<input type="checkbox"/> DELETE	1.1 TITLE V/D/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME LEVY, RICHARD		1.2 NAME Joseph Pivinski	
STREET ADDRESS 1690 S CONGRESS AVE 200		1.3 STREET ADDRESS 1690 S. Congress Ave, 200	
CITY-ST-ZIP DELRAY BEACH FL		1.4 CITY-ST-ZIP Delray Beach, FL 33445	
TITLE VD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HUBSHMAN, E.E.		2.2 NAME	
STREET ADDRESS 1690 S CONGRESS AVE 200		2.3 STREET ADDRESS	
CITY-ST-ZIP DELRAY BEACH FL		2.4 CITY-ST-ZIP	
TITLE VSD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME NUNEZ, ANTONIO		3.2 NAME	
STREET ADDRESS 1690 S CONGRESS AVE 200		3.3 STREET ADDRESS	
CITY-ST-ZIP DELRAY BEACH FL		3.4 CITY-ST-ZIP	
TITLE PD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LEVY, MARK A.		4.2 NAME	
STREET ADDRESS 1690 S CONGRESS AVE 200		4.3 STREET ADDRESS	
CITY-ST-ZIP DELRAY BEACH FL		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 on an attachment with an address.

CR2E034 (10/97)