

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

**APPROVED AND FILED**

**95 APR 27 AM 8:00**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995  
  
 FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortham  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **F48392** (7)  
 1. Corporation Name  
**MORTGAGE CORPORATION OF THE SOUTHEAST**

Principal Place of Business Mailing Address  
**C/O NIKKI J. NEDBOR** **C/O NIKKI J. NEDBOR**  
**1221 BRICKELL AVENUE, STE 2500** **1221 BRICKELL AVENUE, STE 2500**  
**MIAMI FL 33131** **MIAMI FL 33131**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	<b>09/25/1981</b>	<b>05/01/1994</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	Applied For
22	27	<b>59-2318286</b>	Not Applicable
City & State	City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	28	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
Zip	Country	24	25
29	30	6. This corporation has liability for intangible tax under S. 100.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
<b>NEDBOR, NIKKI J.</b> <b>1221 BRICKELL AVENUE</b> <b>SUITE 2500</b> <b>MIAMI FL 33131</b>	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and Min if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CAMNER, ALFRED R.</b>	12 NAME	
STREET ADDRESS	<b>1221 BRICKELL AVE #2500</b>	13 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL</b>	14 CITY - ST - ZIP	
TITLE	<b>VST</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FORD, EARLINE G.</b>	22 NAME	
STREET ADDRESS	<b>1221 BRICKELL AVE #2500</b>	23 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL</b>	24 CITY - ST - ZIP	
TITLE	<b>DC</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STUZIN, CHARLES B.</b>	32 NAME	
STREET ADDRESS	<b>1221 BRICKELL AVE #2500</b>	33 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL</b>	34 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 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(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 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.

SIGNATURE: Earline G. Ford, V.P. **Earline G. Ford** April 19, 1995 (305) 577-0600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (City, State or Office)