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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F62330**

SOUTHERN MORTGAGE ASSOCIATES, INC.

FILED Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90022 042 ***150.00



| Principal Place | of Business | Mailing Address | | | 1 INCIDENT THE STATE WAS AND THE | | -1411 -1-11 | |
|---|--|------------------------------------|--|--------------------------------------|--|---------------------|----------------|--------------|
| • | | 1570 MADRUGA, SUITE 300 | | | | | | |
| 1570 MADRUGA, SUITE 300 CORAL GABLES FL 33146 | | CORAL GABLES FL 33146 | | } | | | | |
| CORAL GABLES PE 35140 | | 40.412 6.6224 7.2 66.7 | | | DO NOT WRITE IN THIS SPACE | | | |
| | | | | | 3. Date Incorporated or Qualifed | | | |
| | | | | | 02/17/1982 | · | | |
| 2. Principal Pla | ace of Business 170 C | 2a. Mailing Address | /_/ | | 4. FEI Number | | Applie | d For |
| 21 85/6 | 5.W.9445t | 26 P.O. 180/565550 | | | 59-2255818 | | | pplicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | 1 1 ' | 75 Addi | |
| 22 | | 27 | | | 5. Certificate of Citatas Decision | Fe Fe | e Requi | red |
| City & State | | City & State | 1 | | 6. Election Campaign Financing | □ \$5 | :00 ма | y Be - |
| 23 MIA | MIR | 28 MIAMI_ | The | | Trust Fund Contribution | Ad | ded to F | ees |
| Zip | Country | Zino -/ - | Country | - 1 | 8. This corporation owes the current | | _ | } |
| 24] 3315 | 66 25 USA | 29 35256 30 | 1/5 | /1 | Personal Property Tax. | ☐ Yes | <u> </u> | No |
| | 9. Name and Address of Current | Registered Agent | | | 10. Name and Address of New Re | egistered Agent | | |
| | | | 81 | 81 Name | | | | |
| LEVINE, EDWARD | | | 82 | Street Addre | reet Address (P.O. Box Number is Not Acceptable) | | | |
| 328 | MINORCA | | | Oli Ook / realit | , , , , , , , , , , , , , , , , , , , | <u> </u> | | |
| COR | IAL GABLES 33134 | | 83 | | | | | |
| | | | - | | | 85 | Zip Cod | |
| | | | 84 | City | | FL °° | Zip Cou | " |
| 44 Dureisant | to the provisions of Sections 607.0502 | and 607.1508. Florida Statutes. | the above- | named corpo | oration submits this statement for the p | ourpose of changing | ng its rec | istered |
| office or re | egistered agent or both in the State o | f Florida. Such change was autho | iorizea by in | e corporatio | n's board of directors, I hereby accept | the appointment | as regist | :ered |
| agent. I ai | m familiar with, and accept the obligation | ons or, Section 607.0005, Florida | a Statutes. | | | | | |
| SIGNATURE | Signature, typed or printed name of registered agent | and title if applicable (NOTE: Rec | aistered Agent s | signature required | d when reinstating) | DATE | | |
| 12. | OFFICERS AND | | 13. | | ADDITIONS/CHANGES TO OFF | ICERS AND DIRE | ECTORS | IN 12 |
| TITLE | PD | ☐ DELETE | 1.1 TITLE | | | ∑ ≰Ch: | ange | ☐ Addition \ |
| NAME | RADUNS, EDWARD B | | 1.2 NAME | | _ | | | |
| | 1570 MADRUGA #300 | | 1.3 STREET A | DORESS # | 35165W 9445 | 5+ | | ļ |
| STREET ADDRESS | | | 1.4 CITY-ST-2 | 1 7 | イムル ち マネ | 156 | | 1 |
| CITY-ST-ZIP | CORAL GABLES, FL 00000 | ☐ DELETE | 2.1 TITLE | <u> </u> | 11774 | ⊠ Cha | ange | Addition |
| TITLE | D DADUNG DADDADA | | 2.2 NAME | j | _ | | | |
| NAME | RADUNS, BARBARA | | | | ¥-a | _ | | |
| STREET ADDRESS | 1570 MADRUGA #300 | | B . | ,,,,,,,, | reus sus outs | S+ | | |
| CITY-ST-ZIP | | | 2.3 STREET A | \ \ \ \ \ | 35/6 SW94 12 | SŁ | | ĺ |
| | CORAL GABLES, FL 00000 | Doctor | 2.3 STREET A 2.4 CITY-ST- | \ \ \ \ \ | 35/6 SW 94 to 11A41, to 331 | 24 24 | ange | Addition |
| TITLE | | □ DELETE | 2.3 STREET A 2.4 CITY-ST- 3.1 TITLE | \ \ \ \ \ | 35/6 SW 94 to 11441, 12 331 | 5€ | ange | Addition |
| | | □ DELETE | 2.3 STREET A 2.4 CITY-ST- 3.1 TITLE 3.2 NAME | ZIP X | 35/6 SW 94 to 11441, 12 331 | 24 24 | ange | Addition |
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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 of suppliemental 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 of 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 attactment with an address, with all other like empowered.

SIGNATURE:

TATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/99 305-5989538 Daylida Phode #