

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT #. G44693

1. Corporation Name  
FIRST EQUITABLE MORTGAGE COMPANY, INC.

|                                                                                 |                                                                     |
|---------------------------------------------------------------------------------|---------------------------------------------------------------------|
| Principal Place of Business<br>7800 RED RD<br>STE 124<br>S MIAMI FL 33143<br>US | Mailing Address<br>7800 RED RD<br>STE 124<br>S MIAMI FL 33143<br>US |
| 2. Principal Place of Business<br>21<br>Suite, Apt. #, etc.                     | 2a. Mailing Address<br>26<br>Suite, Apt. #, etc.                    |
| 22<br>City & State                                                              | 27<br>City & State                                                  |
| 23<br>Zip                                                                       | 28<br>Country                                                       |
| 24<br>25                                                                        | 29<br>Zip<br>30<br>Country                                          |

|                                                                                                                     |                                                          |
|---------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| 9. Name and Address of Current Registered Agent<br>DRECKSLER, ALAN L<br>7800 RED RD<br>STE 124<br>S MIAMIO FL 33143 | 81<br>Name                                               |
|                                                                                                                     | 82<br>Street Address (P.O. Box Number is Not Acceptable) |
|                                                                                                                     | 83                                                       |
|                                                                                                                     | 84<br>City<br>FL                                         |
|                                                                                                                     | 85<br>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<br>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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                             | PS<br>DRECKSLER, ALAN L.<br>7800 RED RD STE 124<br>S MIAMI FL    | 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><i>VICE PRESIDENT</i> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                             | VT<br>DRECKSLER, CHARLES L.<br>7800 RED RD STE 124<br>S MAIMI FL | 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                             |                                                                  | 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                             |                                                                  | 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                             |                                                                  | 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                             |                                                                  | 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                          |

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, with all other like empowered.

SIGNATURE: *ALAN R. DRECKSLER*

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED  
Apr 09, 1999 8:00 am  
Secretary of State

04-09-1999 90090 015 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

|                                                                                                                                      |                                |
|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|
| 3. Date Incorporated or Qualified<br>06/22/1983                                                                                      |                                |
| 4. FEI Number<br>59-2310268                                                                                                          | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                            | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing <input type="checkbox"/>                                                                              | \$5.00 May Be Added to Fees    |
| 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No |                                |

0213452

CR2E034 (11/98)

02/14/99 305-662-1921

Daytime Phone #