

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

FILED

Mar 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **H05498** (1)
1. Corporation Name
MSB MORTGAGE COMPANY OF FLORIDA, INC.



Principal Place of Business Mailing Address
% PEOPLES BANK, CORPORATE TAX DEPT.
850 MAIN ST.
BRIDGEPORT CT 06604

3. Date Incorporated or Qualified **05/29/1984** 3a. Date of Last Report **04/03/1996**
4. FEI Number **06-1114187** Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional**
Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be**
Added to Fees
8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST., SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	CARSON, DAVID E.A.	
STREET ADDRESS	850 MAIN STREET	
CITY-ST-ZIP	BRIDGEPORT CT 06604	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MORRIS, GEORGE	
STREET ADDRESS	850 MAIN STREET	
CITY-ST-ZIP	BRIDGEPORT CT	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BUCHS, EDWARD	
STREET ADDRESS	850 MAIN STREET	
CITY-ST-ZIP	BRIDGEPORT CT 06604	
TITLE	P	<input type="checkbox"/> DELETE
NAME	BRESTOVAN, PETER M.	
STREET ADDRESS	850 MAIN STREET	
CITY-ST-ZIP	BRIDGEPORT CT 06604	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	MARTIN, WILLIAM	
STREET ADDRESS	850 MAIN STREET	
CITY-ST-ZIP	BRIDGEPORT CT	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MELLO, CARLOS	
STREET ADDRESS	850 MAIN STREET	
CITY-ST-ZIP	BRIDGEPORT CT 06604	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	S Keith Ceyan
5.3 STREET ADDRESS	850 Main Street
5.4 CITY-ST-ZIP	Bridgeport CT 06604
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE

Carlos Mello

CR2E034 (9/96)