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Mar 11 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1998

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	% PEOPLES BANK. CORPORATE TAX DEPT. 850 MAIN ST. BRIDGEPORT CT 06604

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified
05/29/1984

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

6. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	CARSON, DAVID E.A.		1.2 NAME		
STREET ADDRESS	850 MAIN STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	BRIDGEPORT CT 06604		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MORRISS, GEORGE		2.2 NAME		
STREET ADDRESS	850 MAIN STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	BRIDGEPORT CT		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BUCNIS, EDWARD		3.2 NAME		
STREET ADDRESS	850 MAIN STREET		3.3 STREET ADDRESS		
CITY-ST-ZIP	BRIDGEPORT CT 06604		3.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BRESTOVAN, PETER M.		4.2 NAME		
STREET ADDRESS	850 MAIN STREET		4.3 STREET ADDRESS		
CITY-ST-ZIP	BRIDGEPORT CT 06604		4.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	CRYAN, KEITH		5.2 NAME		
STREET ADDRESS	850 MAIN ST		5.3 STREET ADDRESS		
CITY-ST-ZIP	BRIDGEPORT CT		5.4 CITY-ST-ZIP		
TITLE	T	☒ DELETE	6.1 TITLE	T	☒ Change ☐ Addition
NAME	MELLO, CARLOS .		6.2 NAME	SUSAN MATIAS	
STREET ADDRESS	850 MAIN STREET		6.3 STREET ADDRESS	850 MAIN STREET	
CITY-ST-ZIP	BRIDGEPORT CT 06604		6.4 CITY-ST-ZIP	BRIDGEPORT, CT 06604	

CR2E034 (10/97)

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.

SIGNATURE: [illegible] (Susan Anne Matias) Member (203)338-[illegible]