

912
FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # H86242

(5)

1. Corporation Name

STATE HOME ACCEPTANCE CORP.

Principal Place of Business

Mailing Address

**700 N.W. 107TH AVENUE
4TH FLOOR
MIAMI FL 33172**

**700 N.W. 107TH AVENUE
4TH FLOOR
MIAMI FL 33172**

(DO NOT WRITE IN THIS SPACE)

3. Date incorporated or Qualified

11/18/1985

3a. Date of Last Report

05/01/1994

4. FET Number

59-2607034

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**

7. This corporation has notice for information fee under 19 Florida Statutes.

☒

Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

24. Country

29. Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WATSKY, MORRIS J., ESQ.
700 N.W. 107TH AVENUE
MIAMI FL 33172**

81. Name

82. Street Address (P.O. Box Number is Not Applicable)

83

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.08(1) and 607.08(2), Florida Statutes, this corporation hereby certifies that the purpose of changing its registered office or registered agent is to comply with the provisions of the Florida Statutes. This change was authorized by the corporation's board of directors. Thereby, accept the appointment as registered agent. (Print Name, Address, and accept the appointment of law firm, 607.08(2), Florida Statutes.)

SIGNATURE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONAL OFFICERS AND DIRECTORS

14.

NAME

STREET ADDRESS

CITY, STATE, ZIP

15.

NAME

STREET ADDRESS

CITY, STATE, ZIP

16.

NAME

STREET ADDRESS

CITY, STATE, ZIP

17.

NAME

STREET ADDRESS

CITY, STATE, ZIP

18.

NAME

STREET ADDRESS

CITY, STATE, ZIP

19.

NAME

STREET ADDRESS

CITY, STATE, ZIP

20.

NAME

STREET ADDRESS

CITY, STATE, ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nancy Kaminsky
Nancy Kaminsky

4/18/95

(305) 229-6400