

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

**FILED**  
**Mar 31, 1999 8:00 am**  
**Secretary of State**

03-31-1999 90009 009 \*\*\*150.00

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<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # H86242**

1. Corporation Name  
**STATE HOME ACCEPTANCE CORP.**

Principal Place of Business  
700 N.W. 107TH AVENUE  
4TH FLOOR  
MIAMI FL 33172

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>730 NW 107 Avenue</b>	2a. Mailing Address 26 <b>730 NW 107 Avenue</b>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 <b>Miami FL</b>	City & State 28 <b>Miami FL</b>
Zip 24 <b>33172</b> 25 <b>USA</b>	Zip 29 <b>33172</b> 30 <b>USA</b>

3. Date Incorporated or Qualified <b>11/18/1985</b>	Applied For Not Applicable
4. FEI Number <b>59-2607034</b>	
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**MCCAIN, DAVID B., ESQ.**  
700 N.W. 107TH AVENUE  
MIAMI FL 33172

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 \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD <input type="checkbox"/> DELETE	1.1 TITLE	PCD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEKOR, ALLEN J.	1.2 NAME	Pe kor, Allan J.
STREET ADDRESS	700 NW 107TH AVE. 4TH FL	1.3 STREET ADDRESS	730 NW 107 Avenue
CITY-ST-ZIP	MIAMI FL 33172	1.4 CITY-ST-ZIP	Miami FL 33172
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REED, LINDA	2.2 NAME	Reed, Linda
STREET ADDRESS	700 NW 107TH AVE. 4TH FL	2.3 STREET ADDRESS	730 NW 107 Ave.
CITY-ST-ZIP	MIAMI FL 33172	2.4 CITY-ST-ZIP	Miami FL 33172
TITLE	AS <input checked="" type="checkbox"/> DELETE	3.1 TITLE	AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WATSKY, MORRIS J.	3.2 NAME	Irvine Patricia
STREET ADDRESS	700 NW 107TH AVE. 4TH FL	3.3 STREET ADDRESS	730 NW 107 Ave.
CITY-ST-ZIP	MIAMI FL 33172	3.4 CITY-ST-ZIP	Miami, FL 33172
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	V S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MODIST, DEBRA	4.2 NAME	Modist, Debra
STREET ADDRESS	700 NW 107TH AVE. 4TH FL	4.3 STREET ADDRESS	730 NW 107 Avenue
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	Miami FL 33172
TITLE	VT <input type="checkbox"/> DELETE	5.1 TITLE	VT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUNOZ, JANICE	5.2 NAME	Munoz, Janice
STREET ADDRESS	700 NW 107TH AVE. 4TH FL	5.3 STREET ADDRESS	730 NW 107 Avenue
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	Miami FL 33172
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAMINSKY, NANCY	6.2 NAME	Kaminsky, Nancy
STREET ADDRESS	700 NW 107TH AVE. 4TH FL	6.3 STREET ADDRESS	730 NW 107 Avenue
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP	Miami FL 33172

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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Debra Modist 11/11/99 305-229-6400  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)