

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J40086 (7)

1. Corporation Name

SECURITYBANC MORTGAGE COMPANY



Principal Place of Business

1450 SOUTH STATE ROAD SEVEN
NORTH LAUDERDALE FL 33068

Mailing Address

1450 SOUTH STATE ROAD SEVEN
NORTH LAUDERDALE FL 33068

3. Date Incorporated or Qualified
10/29/1986

3a. Date of Last Report
01/26/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-2732538

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FITZGERALD, MICHAEL J
100 SE 2ND STREET
INTERNATIONAL PLACE- 26TH FLOOR
MIAMI FL 33131

81

Name

Timothy H Kenney

82

Street Address (P.O. Box Number is Not Acceptable)

189 Bradley Place

83

84

City Palm Beach

FL

85

Zip Code 33480

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)

Timothy H Kenney

5-15-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D

FITZGERALD, J.MICHAEL
150 FLAGLER STREET
MIAMI FL

☐ DELETE

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P

BARRANCO, EDUARDO
1450 S.STATE ROAD SEVEN
N.LAUDERDALE FL

☐ DELETE

2. TITLE
2. NAME
2. STREET ADDRESS
2. CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

3. TITLE
3. NAME
3. STREET ADDRESS
3. CITY-ST-ZIP

☐ Change

☒ Addition

Director

Manuel Fernandez
1450 S State Road 7
North Lauderdale Florida 33068

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

4. TITLE
4. NAME
4. STREET ADDRESS
4. CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

5. TITLE
5. NAME
5. STREET ADDRESS
5. CITY-ST-ZIP

☐ Change

☐ Addition

500001838275

-05/24/96--01031--017

***200.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6. TITLE
6. NAME
6. STREET ADDRESS
6. CITY-ST-ZIP

☐ Change

☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EDUARDO BARRANCO - PRES.

4-19-96 (954) 971-9890

Date

Daytime Phone #

CR2E034 (12/95)