

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

**FILED**  
**Jan 27 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # J40086 (7)**

1. Corporation Name  
**SECURITYBANC MORTGAGE COMPANY**



Principal Place of Business 7880 W OAKLAND PARK BLVD. SUNRISE FL 33351 US	Mailing Address 1450 SOUTH STATE ROAD SEVEN NORTH LAUDERDALE FL 33068
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**10/29/1986**

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

4. FEI Number  
**59-2732538**

Applied For  
 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 owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

g. Name and Address of Current Registered Agent

**KENNEY, TIMOTHY H.**  
**189 BRADLEY PLACE**  
**PALM BEACH FL 33480**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

85 Zip Code **FL**

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

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FITZGERALD, J.MICHAEL	
STREET ADDRESS	150 FLAGLER STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	BARRANCO, EDUARDO	
STREET ADDRESS	1450 S.STATE ROAD SEVEN	
CITY-ST-ZIP	N.LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FERNANDEZ, MANUAL	
STREET ADDRESS	1450 S. STATE ROAD 7	
CITY-ST-ZIP	NORTH LAUDERDALE FL 33068	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Larry Serlo	
1.3 STREET ADDRESS	224 N E 32 Ct	
1.4 CITY-ST-ZIP	Oakland Park FL 33304	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Michael O Albertine	
2.3 STREET ADDRESS	2200 W Commercial Blvd Suite 301	
2.4 CITY-ST-ZIP	Ft Lauderdale FL 33309	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Fernandez, Manuel	
3.3 STREET ADDRESS	1450 S State Road 7	
3.4 CITY-ST-ZIP	North Lauderdale Florida 33068	
4.1 TITLE	P & D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Barranco, Eduardo	
4.3 STREET ADDRESS	1450 S State Road 7	
4.4 CITY-ST-ZIP	North Lauderdale FL 33068	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: \_\_\_\_\_ **RED 1-12-98 (954) 971-9890**

CR2E034 (10/97)