

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90015 011 ***150.00

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DOCUMENT # J40086

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/29/1986

4. FEI Number
59-2732538

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

29 Zip Country

9. 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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME SERLO, LARRY
STREET ADDRESS 224 NE 32 CT
CITY-ST-ZIP OAKLAND PRK FL 33304

TITLE P ☐ DELETE
NAME BARRANCO, EDUARDO
STREET ADDRESS 1450 S. STATE ROAD SEVEN
CITY-ST-ZIP N. LAUDERDALE FL

TITLE D ☐ DELETE
NAME FERNANDEZ, MANUAL
STREET ADDRESS 1450 S. STATE ROAD 7
CITY-ST-ZIP NORTH LAUDERDALE FL 33068

TITLE D ☐ DELETE
NAME ALBERTINE, MICHAEL O
STREET ADDRESS 2200 W COMMERCIAL BLVD STE 301
CITY-ST-ZIP FT LAUDERDALE FL 33309

TITLE PD ☐ DELETE
NAME BARRANCO, EDUARDO
STREET ADDRESS 1450 S STATE RD 7
CITY-ST-ZIP NO LAUDERDALE FL 33068

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

J. Luis Domenech
1450 S. STATE ROAD SEVEN
NORTH LAUDERDALE, FLORIDA 33068

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, with all other like empowered.

SIGNATURE:

J. Luis Domenech
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-1999 (954) 977-3158

Date

Daytime Phone #

CR2E034 (11/98)