

FILE NOW: FILING FEE AFTER MAY 1 IS \$5.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mori  
Secretary of  
DIVISION OF CORPORATIONS

DOCUMENT # L26102 (8)

1. Corporation Name

SOURCE MORTGAGE, INC.



Principal Place of Business

7300 N OAKMOUNT DRIVE  
SUITE 814  
MIAMI FL 33015

Mailing Address

7300 N OAKMOUNT DRIVE  
SUITE 814  
MIAMI FL 33015

3. Date Incorporated or Qualified  
10/27/1989

3a. Date of Last Report  
02/01/1995

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

9. Name and Address of Current Registered Agent

4. FEI Number

65-0156476

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

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 re-registering.)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
LEIBNITZER, CHARLES N.  
7300 N. OAKMONT DR  
MIAMI FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

☐ Change ☐ Addition

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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:

Charles Leibnitzer  
Signature and typed or printed name of signing officer or director  
Date: 8/93-5588

CR2E034 (12/95)