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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # L26102 (8

SOURCE MORTGAGE, INC.

## FILED Apr 17 1997 8:00am Secretary of State

Principal Place	e of Business	Mailing Addr	ess		-		
373Fai	rway Drive,#115	P.O. Miami	Box 4338	3 14-0338			
iami Lakes,F1.33014 Miami,F1.					3. Date Incorporated or Qualifie	d 3a. Date of I	Last Report
					10/27/1989	03/18	03/18/96
	lace of Business	2a. Mailing A		0.0	4, FEI Number	_	Applied For
	airway Drive,#11	L 5 26 P • O • Suite, Apt	Box 43	38	65-0156476		Not Applicab
Suite Apt <b>Miami</b>	Lakes,F1,33014		i,F1.33	014-033	* **** *******************************		.75 Additional Fee Required
City & State		28 Zip		Country	Election Campaign Financing     Trust Fund Contribution		5.00 May Be added to Fees
Zφ	Country Zip Country 25 29 30			Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		
	9. Name and Address of Curre				10. Name and Address of New		
T.E.	IBNITZER, CHARLES	. N .		81 Name			
73	73 Fairway Drive	,#115		B2 Street	Address (P.O. Box Number is Not Accep	table)	<del></del>
	ami Lakes,F1.330						
				83			
				84 City		85	Zip Code
	007.05	007 4500 5				<u> </u>	<u> </u>
	egistered agent, or both, in the State or familiar with, and accept the oblig CHARLES LEIBNIT	e of Florida, Such c lations of, Section 6 VZRD	hange was author 607 0505, Florida	rized by the co statues.	corporation paramits this state nent for the poration's board of directors, nereby acceptance	cept the appointme	ant as registered
SNATURE	toger on integration perfect name of registered ag		(NOTE HAGE	stered Agent signstur	e required when reinstaling)	DATE	
	OFFICERS AN	D DIRECTORS		13.	ADDITIONS/OF ANGES TO OF		.,
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и		ARLES, N.		1.2 NAME	LEIBNITZER, CHARLE	s,N.	
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<u> </u>				1.4 CITY-ST-ZIP	MIAMI LAKES, FL. 33	014	sana Fladda
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n rua nerer Informatio	grand cated on this annual report or	supplementa annu	al report is true a	nd accurate an	stated in Section 1 007(8)(A) Polida Sul d that my signaturable Psycologia same is report as required by Chapter 607, Florid	gal effect as if ma	ide under bath; ti
Lami arkol Lappdars i	iff per or director of the corporation on In Bluck 12 or Block 13 if changed	v the receiver or ru or on an attatimen	isto empowere an addres	no execute this	report as required by Cffapter 607, Florid	a Statutes; and tha	it my name
of Lorenze	[]	0	V		4.1	. 0-3	7, 1,1
<b>IGNAT</b>	URE: (Maul	u pec	nuce	1	KY	71 53	6- 6061
	MICHATURE AND TYPED C	APPRINTED NAME OFFICE	GNING OFFICER.#R M	RECTOR	()ale	▼ DavTime P	1-one #