

962

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

FILED

Apr 22 1997 8:00am
Secretary of StatePROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # M08506 (1)
1. Corporation Name
ADJUSTABLE MORTGAGE FINANCE CORPORATION

Principal Place of Business

Mailing Address

C/O MORRIS J. WATSKY
700 NW 107TH AVENUE
MIAMI FL 33172C/O MORRIS J. WATSKY
700 NW 107TH AVENUE
MIAMI FL 33172-31613. Date Incorporated or Qualified
12/04/19843a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number

59-2477188

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida StatutesYes ☒ No ☐

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WATSKY, MORRIS J.
700 NW 107TH AVENUE
MIAMI FL 33172

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 fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CD
NAME MILLER, LEONARD
STREET ADDRESS 700 N.W. 107 AVE.
CITY-ST-ZIP MIAMI FL
☐ DELETE1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
☐ Change ☐ AdditionTITLE VT
NAME MUNOZ, JANICE
STREET ADDRESS 700 N.W. 107 AVE.
CITY-ST-ZIP MIAMI FL
☐ DELETE2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
☐ Change ☐ AdditionTITLE SV
NAME REED, LINDA
STREET ADDRESS 700 N.W. 107 AVE.
CITY-ST-ZIP MIAMI FL
☐ DELETE3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ AdditionTITLE DP
NAME SAIDNTZ, STEVEN J.
STREET ADDRESS 700 N.W. 107 AVE.
CITY-ST-ZIP MIAMI FL
☐ DELETE4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ AdditionTITLE VP
NAME KAMINSKY, NANCY
STREET ADDRESS 700 N.W. 107 AVE.
CITY-ST-ZIP MIAMI FL
☐ DELETE5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
VIAS Kaminsky, Nancy
700 N.W. 107 AVE.
Miami, FL 33172
☒ Change ☐ AdditionTITLE V
NAME MODIST, DEBRA
STREET ADDRESS 700 N.W. 107 AVE.
CITY-ST-ZIP MIAMI FL
☐ DELETE6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Debra Modist 1-13-97 (305) 229-6400

CR2E034 (9/96)