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Mar 31, 1999 8:00 am
Secretary of State

03-31-1999 90008 028 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M08506

1. Corporation Name

ADJUSTABLE MORTGAGE FINANCE CORPORATION

Principal Place of Business

C/O DAVID B. MCCAIN, ESQ.
700 NW 107TH AVENUE
MIAMI FL 33172

Mailing Address

C/O DAVID B. MCCAIN, ESQ.
700 NW 107TH AVENUE
MIAMI FL 33172

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/04/1984

4. FEI Number

59-2477188

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 the current year Intangible
Personal Property Tax.

☒ Yes ☐ No

2. Principal Place of Business

21 730 NW 107 Avenue

Suite, Apt. #, etc.

22 City & State

23 Miami FL

24 Zip 33172 25 Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

9. Name and Address of Current Registered Agent

MCCAIN, DAVID B., ESQ.
700 NW 107TH AVENUE
MIAMI FL 33172

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	PCD	<input type="checkbox"/> DELETE
NAME	PEKOR, ALLAN J.	
STREET ADDRESS	700 N.W. 107 AVE.	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	MUNOZ, JANICE	
STREET ADDRESS	700 N.W. 107 AVE.	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	SV	<input checked="" type="checkbox"/> DELETE
NAME	REED, LINDA	
STREET ADDRESS	700 N.W. 107 AVE.	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	WATSKY, MORRIS J.	
STREET ADDRESS	700 N.W. 107 AVE.	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	VAS	<input type="checkbox"/> DELETE
NAME	KAMINSKY, NANCY	
STREET ADDRESS	700 N.W. 107 AVE.	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	MODIST, DEBRA	
STREET ADDRESS	700 N.W. 107 AVE.	
CITY-ST-ZIP	MIAMI FL 33172	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	V.D. Reed, Linda
3.3 STREET ADDRESS	700 N.W. 107 AVE
3.4 CITY-ST-ZIP	MIAMI, FL 33172
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	AS Irvine, Patricia
4.3 STREET ADDRESS	700 N.W. 107 Ave.
4.4 CITY-ST-ZIP	MIAMI, FL 33172
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	VAS D Kaminsky, Nancy
5.3 STREET ADDRESS	700 N.W. 107 Avenue
5.4 CITY-ST-ZIP	MIAMI FL 33172
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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Debra Modist 1/12/99 305-229-6400

Date

Daytime Phone #

CR2E034 (1/98)