CORPORATION
ANNUAL REPORT
1994

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

AND FILED

'94 JUL 19 AM 9:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M43074 (7)

1. Corporation Name
REPUBLIC SECURITY MORTGAGE CORPORATION

Mailing Address
3970 RCA BLVD. STE 7000
P O BOX 32159
PALM BCH GARDENS FL 33420

Principal Place of Business
3970 RCA BLVD. STE 7000
P O BOX 32159
PALM BCH GARDENS FL 33420

If above addresses are incorrect in any way, line through incorrect information and enter correction below

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/11/1986
3a. Date of Last Report: 04/27/1993

2. Mailing Address
21 P.O. Box 4298
Suite, Apt. #, etc
22
City & State
23 West Palm Beach, FL
Zip 24 33402-4298
Country 25 U.S.A.

2a. Principal Place of Business (Same as mlg)
26 4400 Congress Avenue
Suite, Apt. #, etc
27
City & State
28 West Palm Beach, FL
Zip 29 33407
Country 30 U.S.A.

4. FEI Number: 59-2746961 Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired NO ☐
$8.75 Additional Fee Required

6. Qualified Corporate Financing Trust NO ☐
First Combination
$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status NO ☐

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes X Yes ☐ No

9. Name and Address of Current Registered Agent

FLETCHER, JOHN S.
5300 S.E. FINANCIAL CENTER
200 S. BISCAYNE BLVD.
MIAMI FL 33131-9339

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 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when changing)

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS (A)
11 TITLE	D	
12 NAME	SCHUPP, RUDY E.	
13 STREET ADDRESS	706 XANADU	
14 CITY ST ZIP	JUPITER FL	
21 TITLE	S/D	
22 NAME	BRUCATO, LINDA	
23 STREET ADDRESS	9795 MOCKINGBIRD TRAIL	
24 CITY ST ZIP	JUPITER FL	
31 TITLE	D	D
32 NAME	HASKINS, RICHARD	HASKINS, RICHARD J
33 STREET ADDRESS	P.O. BOX 32159	P.O. BOX 4298 N/A
34 CITY ST ZIP	PALM BEACH GARDENS FL	WEST PALM BEACH, FL 33402-4298
41 TITLE	P	
42 NAME	BILLS, GREG	
43 STREET ADDRESS	4589 SPRUCE LANE	
44 CITY ST ZIP	PALM BCH.GARDENS FL	
51 TITLE		
52 NAME		
53 STREET ADDRESS		
54 CITY ST ZIP		
61 TITLE		AR
62 NAME		
63 STREET ADDRESS		
64 CITY ST ZIP		

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)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental annual report is true and accurate and that my signature shall be 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 above, or on an attachment with an arrow.

SIGNATURE: [signature] 7/5/94
SIGNATURE AND TYPED OR PRINTED NAME OF MORNING OFFICER OR DIRECTOR DATE