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PROFIT CORPORATION ANNUAL REPORT

1998

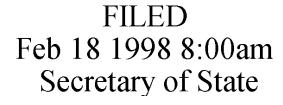


Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

(5)



| KBM | MORTGAGE COMPANY | | | | |
|----------------------|--|--|--|--|---|
| Principal Plac | ce of Business | Mailing Address | | | 'IMAN MINIT MINIS MINIT MINIT MINIT INNA |
| 3750 NW 8 | 7TH AVENUE | 1401 BRICKELL AVE | -3750 NW 87# AM | | |
| SUITE 250 | | -950 | \$130 MAG1 444 | l . | |
| MIAMI FL 3 | 33178 | _MAMI-FL-99191- | 150 cc 22/78 | DO NOT WRITE IN | THIS SPACE |
| US | | US | Migmi Pr 37 | 3. Date Incorporated or Qualified | |
| L | | T- 14 11 11 11 11 11 11 11 11 11 11 11 11 | | 11/09/1987 | |
| | Place of Business | 2a. Mailing Address | | 4. FEI Number | Applied For |
| 21 | | 26 | | 65-0015708 | Not Applicable |
| Suite, Apt. | .#, e ic. | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional |
| 22 | <u></u> | 27 Ct. 9 State | | | Fee Required |
| City & Stat | .6 | City & State | | 6, Election Campaign Financing | \$5.00 May Be |
| 23 | | 28 | 1 Country | Trust Fund Contribution | |
| Zip | Country | Zip | Country | 8. This corporation owes or has paid the | ie current year Intangible |
| 24 | 25 9. Name and Address of Curren | 1 Registered Agent | 30 | Personal Property Tax due June 30. 10. Name and Address of New Register 10. Personal Property Tax due June 30. | |
| ļ | 4. | | 81 Name | 10, Marile and Address of New Hogisti | nou Agont |
| | BIONDI, WILLIAM | NW 87th Ak. Ste. 1, 41 33178 | .250 | | |
| | 404 BRICKELL AVE- 3750 | Han al lin Oli | 82 Street Addre | ss (P.O. Box Number is Not Acceptable) | |
| | TE 950 | : 1 1 33178 | 83 | | |
| 4. | MAMLEL 33131 | 1 | 03 | | |
| Ì | | • | B4 City | | 85 Zip Code |
| | | | | | FL S E S S S S S S S S |
| office or a | registered agent, or both, in the State am familiar with, and accept the obliga | of Florida, Such change was attions of, Section 607.0505, Fl | tes, the above-hamed corporation authorized by the corporation orida Statutes. | oration submits this statement for the purpo on's board of directors. I hereby accept the | se of changing its registered appointment as registered |
| SIGNATURE | Signature, typed or printed name of registered age | of and bile if association (000) | It Registered Agent signature required | d whou to instation) | ATE |
| 12, | OFFICERS AN | | 13. | ADDITIONS/CHANGES TO OFFICERS | ···· |
| TITLE | PD | DELETE | 1.1 TOLE | 7.001110110701111110ETTC | Change Addition |
| NAME | BIONDI, WILLIAM (BILL) | | 12Math - 250 | | |
| STREET ADDRESS | -1401 BRICKELL AVE. GTF | 40 3750 NW877H | 1 2 TOPECT ADDRESS | • | |
| 1 | HIAMI FL | Miami, 42 | B3178" | | |
| CITY-ST-ZIP TITLE | STD | ata ta | 2.1 TITLE | | Change Addition |
| | | _ vicit | | 250 | C1 outlings C1 requirem |
| NAME | KATZ, MICHAEL L. 4491 BRIOKELL AVE., STE (| m 3750 NW 8 | 12 HORROC' DIC. | <i>p.</i> - | |
| STREET ADDRESS | | Miami 1 | 1 235 235 TO R . | | |
| CITY-ST-ZIP | MIAMI FL: | DELETE | 2 4 CHT-SI-ZIP | | Change Addition |
| TITLE | | | 3.1 TITLE | | Change Addition |
| NAME | | | 3.2 NAME | | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 3.4. CHY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 4. 2 NAME | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 4.4 CITY - ST - ZIP | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | Change Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 5 4 CITY-ST-ZIP | | |
| TITLE | | DELETE | 6.1 TITLE | | Change Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| | | | | | |

14. Thereby 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if citanged at an attachment with an address.

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