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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

REPUBLIC REALTY MORTGAGE CORPORATION				
	DEDIIRI TO	DEALTY	MODTCACE	-CODDODATION

## **FILED** May 06 1997 8:00am Secretary of State

REPUBLIC REALLY MURI	GAGE CURPURATION						
Principal Place of Business	Maling Address	<del></del>					
				3. Date Incorporated or Qualit		ate of Last I	Report
2. Princips Place of Business	2a. Mailing Address				4-2	<del></del>	pplied For
650 DRESHER ROAD	26			4. FEI Number 36-3790659		h	ot Applicable
Surfe, Apt. # etc.	Suite. Apt. #, etc.				, n		Additional
	27	_		5. Certificate of Status Desired	D []	Fee R	equired
City & State	City & State			6. Election Campaign Financi	ng	\$5.00	May Be
HORSHAM, PA	28			Trust Fund Contribution			to Fees
Zip Country 25	Z <sub>i</sub> p	Country	y	8. This corporation has liability	y for intangible Yes		s. 199.032,
9. Name and Address of Cu	29 29 Agent	30	·	Florida Statutes  10. Name and Address of Net			
5. Italie and Address of Co	urient negratored Agent	81	Name	TO. HERIO BING ROUTEDS OF HE	W LINGIBIO OC	Agont	
CT CORPORATION SYSTEM		-	<u> </u>				
1200 S. PINE ISLAND RO	Δn	82	Street Add	Iress (P.O. Box Number is Not Acce	aptable)		
PLANTATION, FL 33324	AU	83		~~~~			
remaining te odden				600002 -05/13/97	1 6 64	†Ub	
		84		-03/13/3(	מוזחמ=	UB\$ Zip	Code
Persuant to the provisions of Sections 607	7.0502 and 607.1508, Florida Statut	es, the abov	e-named corr	poration submits this statement for	the purpose o	of changing i	its registered
office or registered agent, or both, in the sacent Tablitanilar with and accept the c	State of Florida. Such change was a	autriorized bi	v the corpora	ition's board of directors. I hereby a	accept the ap	pointment as	s registered
agen, to the min was and assess the c	conganation of economical coops. The						
1014 (4.9)	1		5.				
CHATTIRE Service typed or proceed name of my sten	ed agent and the if applicable (NOI			ired when reinstaling)	DATE		
5 in 100 typed or protect name of register	en agent end toe if applicable (NOT S AND DIRECTORS			ired when reinstating)  ADDITIONS/CHANGES TO		D DIRECTO	R\$ IN 12
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Survivo Impedior production of register  OFFICE RS	S AND DIRECTORS	E Rugistered Ag	ent signature requ	ADDITIONS/CHANGES TO C			
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