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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9300007146

SOUTHEAST FLORIDA MORTGAGE SERVICES, INC.

FILED Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90149 018 ***150.00



Principal Place of Business Mailing Address									
4201 N FED	ERAL HWY	4201 N FEDERAL HWY				Un inida sitet matt matt Matt.	H	(18)(01 8)(8 0)() (80)	
POMPANO E	BEACH FL 33064	POMPANO BEACH FL 330	POMPANO BEACH FL 33064			•			
						DO NOT WRITE IN TH	IS SPACE		
2 Principal	Place of Business					3. Date incorporated or Qualifed 01/25/1993			
2. Frincipal 21	Place of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number			
Suite, Ar	ot # etc	26	+			65-0382343		Applied For	
22	n, o.c.	Suite, Apt. #, etc.						Not Applicable	
City & State						5. Certifcate of Status Desired		5 Additional Required	
23		City & State				6. Election Campaign Financing		May Be	
_	Zip Country Zip			untry		Trust Furio Continbution	Adde	d to Fees	
25 29			30			8. This corporation owes the current year Intangible			
9. Name and Address of Current Registered Agent				T		Personal Property Tax.	☐ Yes	□No	
RO	Y, DAVID R			81	Name	10. Name and Address of New Registered	Agent		
4201 N. FEDERAL HWY.			99 9						
POI	MPANO BEACH FL 33064		82 Street Add		Street Addre	ess (P.O. Box Number is Not Acceptable)			
				83				 -i	
				84	Cit				
11 Pursuant	to the provisions of Santi				City	Ei		Code	
office or	registered agent, or both, in the State	502 and 607.1508, Florida Statute	s, the al	oove	named corpo	ration submits this statement for the purpose of n's board of directors. I hereby accept the appoint	shanging it		
	im familiar with, and accept the obli	gations of, Section 607.0505, Flori	ınorized da Statı	by t Ites.	he corporation	pration submits this statement for the purpose of n's board of directors. I hereby accept the appoi	ntment as r	s registered egistered	
SIGNATURE									
2.	Signature, typed or printed name of registered a	gent and title if applicable. (NOTE: F	Registered	Agent :	signature required	when reinstating) DATE			
TLE	P	D 05: 575		13.		ADDITIONS/CHANGES TO OFFICERS AN	D DIRECT	ODC IN 40	
AME	MAJURO, JOSEPH K		1.1 TITLE			· · · · · · · · · · · · · · · · · · ·	☐ Change	Addition	
REET ADDRESS	4201 N FEDERAL HWY		1.2 NAJ	ME	1				
TY-ST-ZIP	DOLLETAND DESCRIPTION OF THE PROPERTY OF THE P			1.3 STREET ADDRESS				[
n.e.		CI DELETE	1.4 CIT	/-ST-2	ZiP				
ME		☐ DELETE	2.1 TITL	E			Change	Addition	
REET ADDRESS			2.2 NAM	Œ			_ •		
Y-ST-ZIP			2.3 STR	EET A(DDRESS	·			
LE		C DELETE	2. 4 CIT		ZIP				
ME		☐ DELETE	3.1 TITL				Change	Addition	
REET ADDRESS			3.2 NAM						
Y-ST-ZIP			3.3 STRE		ļ			ı	
.E		☐ DELETE	3.4. CITY		IP				
1E		- Dettere	4.1 TITLE]		☐ Change	Addition	
EETADORESS			4.2 NAM					_	
-ST-ZIP			4.3 STRE		ļ			ĺ	
E		☐ DELETE	4.4 CITY-		<u> </u>			j	
E			5.1 TITLE 5.2 NAME				Change	Addition	
EET ADDRESS			5.3 STREE		DESC			1	
-ST-ZIP		I	5.4 CITY-:					1	
		□ DELETE	6.1 TITLE					1	
Ε			6.2 NAME				Change	Addition	
ET ADDRESS					BEen				
ST-ZIP		1	6.3 STREE		nE00				
Lhereby cer	tify that the information and it		6.4 CITY-S	n-ZP	1			[

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 a finual 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 receiper 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.

IGNATURE:

SIGNATURE AND TYPED OF