

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P93000035270 (6)

1. Corporation Name

SUBURBAN MORTGAGE SERVICE, INC.



Principal Place of Business

4440 PGA BLVD  
STE 305  
PALM BEACH GARDENS FL 33410  
US

Mailing Address

4440 PGA BLVD #305  
PALM BEACH GARDENS FL 33410  
US

3. Date Incorporated or Qualified

05/13/1993

3a. Date of Last Report

07/07/1995

2. Principal Place of Business

2a. Mailing Address

21 4440 PGA BLVD

26 4440 PGA BLVD

4. FEI Number

65-0487448

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 has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FISHMAN, ROBERT  
145 CORAL CAY DRIVE  
PALM BEACH GARDENS FL 33418

81 Name

Robert Fishman

82 Street Address (P.O. Box Number is Not Acceptable)

8204 Spyglass DR.

83

84 City

West Palm Beach FL

85 Zip Code

33412

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D FISHMAN, ROBERT ☐ DELETE

NAME FISHMAN, ROBERT  
STREET ADDRESS 145 CORAL CAY DR  
CITY-ST-ZIP PALM BEACH GARDENS FL 33418

1.1 TITLE P/T/S/D ☒ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS 8204 Spyglass DR.  
1.4 CITY-ST-ZIP West Palm Beach FL 33412

TITLE D ☒ DELETE

NAME PRESSMAN, EDWARD E  
STREET ADDRESS 4440 PGA BLVD #305  
CITY-ST-ZIP PALM BEACH GARDENS FL

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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)(k), Florida Statutes. I further certify that the information indicated in 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, unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96

Date

407 627 5894

Daytime Phone

CR2E034 (12/95)