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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P94000053177 (9)

FORUM MORTGAGE CORPORATION, INC.

FILED Feb 11 1998 8:00am Secretary of State



	e of Business	Mailing Address							
1839 SW 27TH AVE		1839 SW 27TH AVE			j				
MIAMI FL 331	145	MIAMI FL 33145				DO NOT WRITE IN THIS SPACE			
	·				O Date			IIS SPACE	
						e Incorporated or Qua 7/19/1994	alified		
2. Principal Pl	lace of Business	2a. Mailing Address				Number			pplied For
1		26			1 '	65-0505457			lot Applicable
Suite, Apt.	#, e1C.	Suite, Apt. #, etc.							Additional
2		27			5. Cert	tificate of Status Desir	red 🔲	v -	Required
City & State	9	City & State			6. Elec	tion Campaign Finan	cina	\$5.00	May Be
3		28			1	st Fund Contribution			to Fees
Zip	Country	Zip	Countr	y	B. This	corporation owes or	has paid the	current year Ir	ntangible
4	25	29	30		Pers	sonal Property Tax du	e June 30.	Yes [□ No
	9. Name and Address of Cur	rrent Registered Agent			10. Nan	ne and Address of N	lew Register	ed Agent	
	rnandez, hosey esq		61	Name 🔾	10260	- H. C	Aunt	13 B	
2701 S BAYSHORE DR SUTIE 602		602	82						
ML	AMI FL 33133		Ľ	2-24	0 50	2 3 14 pd	5-71	FLOOR	
			83	Aco	BERN	MOREND	1820	SW 27	(نم
			84)CX-70	TOWERD	.001		
			64		AHI		F	L I° 3	3/2/1
11. Pursuant t	to the provisions of Sections 607.0	0502 and 607.1508, Florida Statut	tes, the abov	e-named cor	rporation sub	omits this statement fo	or the purpose	e of changing	its registered
Office or re	edistered saient, or both, in the 5t	lalm of Fiorida, Such Change was .	authorized b	y the corpora	ation's board	of directors. I hereby	accept the a	appointment a	s registered
agent. Lar	m familiar with, and accept the ob	ongations of Section 607-6605, Fi	orida Statute	S. /	/ *	Λ			
	m familiar with, and accept the ob	late of Florida. Such change was objections of, Section 607-8605, Fl	orida Statute	15/	98	ALBERT	0 110	LEND	
SIGNATURE	m familiar with, and accept the ob- signature, typed or printed name of registered	Moren	orida Statute	15/	98 uired whos reinsta	HUBERIN	DATE DATE	LENO	
SIGNATURE	Signature, typed or printed name of requirered OFFICERS	d agent and title if applicable. (NOT	2	15/	g & uired when reinsta	HUBERIN	DATE	ND DIRECTO	RS IN 12
SIGNATURE	Signature, typed or printed name of registered OFFICERS	d agent and title if applicable. (NOT	E: Rogistored Ky	15/	g & uired when reinsta	HUBERIN	DATE	RENO	
SIGNATURE 12. Title	Signature, typicd or printed name of registered OFFICERS DV FONTE, AUGUSTO	d agent and title if applicable. (NOT	E: Registered Ag	15/	g & uired when reinsta	HUBERIN	DATE	ND DIRECTO	RS IN 12
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of regulative OFFICERS DV FONTE, AUGUSTO 1839 SW 27TH AVE	d agent and title if applicable. (NOT	13. 1.1 TITLE 1.2 NAME	15/	g & uired when reinsta	HUBERIN	DATE	ND DIRECTO	RS IN 12
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Block 12 or Block 13 if changed, or on an attachment with an address.

2-5-98 305-860-0060