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**PROFIT CORPORATION** ANNUAL REPORT

1997

FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P94000059945 DOCUMENT # 1. Corporation Name

OCEAN MORT BROKERS, INC.

Principal Place of Business

Mailing Address

6931 SW 155 AUR

6921 SIN 155 ALIR

APPROVED

97 AUG 13 AM11: 47

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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	mijFC 33193	MIAM	7, 12 6	100	3. Date Incorpora	nted or Qualified	3a. Date	of Last F	enort
			35	>193	8-15-90		Jun Baic	OI EGG( II	орон
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number	<i>I</i>	1	Ι ΙΔ,	pplied For
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Suite, Apt.		Suite, Apt. #, etc.							Additional
22		27			5. Certificate of S	tatus Desired		•	equired
City & Stat	. /.	City & State			6. Election Camp	aign Financing		\$5.00	May Be
23 11/01	mi, FC	28 M/6m.	FC		Trust Fund Cor	ntribution		Added	•
Zip	Country	Zip	Cour	•	8. This corporatio	n has liability for in	ntangible tax	x under s	199.032.
24 33/		29 33143	30	9	Florida Statutes		] Yes 🔲 I		
	9. Name and Address of Current	Registered Agent			10. Name and Add	dress of New Reg	gistered Ago	ent	
N	ONTESINO, Can	an in		B1 Name					
	231 Can	DIPO	ŀ	B2 Street	Address (P.O. Box Numbe	r is Not Acceptabl	le)		
10%	331 SW 155	au	Į			- 10 1101 11000 pilot	,		
60	Amipe 39	2		83					
1111	4/11/1 = 3.	2/93	-	04 03.	T				
				B4 City			FL <sup>l</sup>	85 Zip	Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Sta	lutes the ab	ove-named	corporation submits this st	tatement for the pu	urpose of ch	anging it	s registered
Office of t	registered agent, or both, in the State of im familiar with, and accept the obligation	i Florida. Such change wa	is authorized	by the corr	poration's board of director	s. I hereby accep	t the appoin	tment as	registered
•	in taning with, and accept the obligation	0115 01, 300110111007,0000,	i ionua siait	105.					
SIGNATURE	Stgnalure, typed or printed name of registered agent a	and title if applicable (h	IOTE Ben stered	Agent signature	required when reinstating)		DATE		
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	OFFICERS AND I	DIRECTORS	13.		ADDITIONS/CHA	ANGES TO OFFICE	FRS AND DI		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MONTESINO, AL 6931 SW 155 AL MIAMI, FL 33	DELETE  IN A  JENUE  193	1 1 TITI 1 2 NAI 1 3 STF 1 4 C/T 2 1 TITI	AE EE1 ADDRESS Y-S1-ZIP E		100022 -08/18/	_ :072	Change   3   3   5   138   -	☐ Addition 
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