

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

FILED  
Mar 02, 1999 8:00 am  
Secretary of State

03-02-1999 90199 029 \*\*\*150.00

DOCUMENT # P95000048431

1. Corporation Name

SOUTH FLORIDA RESIDENTIAL LENDING CORPORATION



Principal Place of Business

1690 S CONGRESS AVE SUITE 102  
DELRAY BEACH FL 33445

Mailing Address

1690 S CONGRESS AVE SUITE 102  
DELRAY BEACH FL 33445

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/21/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 7900 MIAMI LAKES DR., WEST

Suite, Apt. #, etc.

27 City & State

28 MIAMI LAKES, FLORIDA

Zip

29 33016

Country

30

USA

4. FEI Number

65-0584473

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 owes the current year Intangible  
Personal Property Tax.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

BRAFMAN, HOWARD J  
7900 MIAMI LAKES DRIVE WEST  
MIAMI LAKES FL 33016

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

TITLE PD  
NAME MEYER, THOMAS H  
STREET ADDRESS 7900 MIAMI LAKES DR W  
CITY-ST-ZIP MIAMI LAKES FL

☐ DELETE

TITLE DV  
NAME LEVY, DAVID  
STREET ADDRESS 1690 S CONGRESS AVE #102  
CITY-ST-ZIP DELRAY BCH FL 33445

☐ DELETE

TITLE ST  
NAME BRAFMAN, HOWARD J  
STREET ADDRESS 7900 MIAMI LAKES DRIVE WEST  
CITY-ST-ZIP MIAMI LAKES FL 33016

☒ DELETE

TITLE V  
NAME CHALOM, MARILYN  
STREET ADDRESS 7900 MIAMI LAKES DR WEST  
CITY-ST-ZIP MIAMI LAKES FL 33016

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

V  
LINDA E. BARROCAS  
7900 MIAMI LAKES-DRIVE WEST  
MIAMI LAKES, FL 33016

☐ Change

☒ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TS  
CONCEPCION QUERALT  
7900 MIAMI LAKES DRIVE WEST  
MIAMI LAKES, FL 33016

☐ Change

☒ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

AV  
BRIAN N. WHEELER  
7900 MIAMI LAKES DRIVE WEST  
MIAMI LAKES, FL 33016

☐ Change

☒ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

14. I hereby 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 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)