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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 15 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000018685 (3)

JUPITER ISLAND MORTGAGE CORPORATION

Principal Place	e of Business	Mailing Address	Mailing Address			- L 1941; 1941 114 14140 01141 00111 40111 00111 00111 0	0161 LICOX 18118 01101 1016	A BATT IBBI
8045 BRIDGE ROAD Hobe Sound FL 33455		9045 BRIDGE ROAD HOBE SOUND FL 33455-5314						
						02/28/1996	3a. Date of Last Re	aport
	ace of Business	2a. Mailing Address				4. FEI Number	_ <u>Ap</u>	plied For
Suite, Apt.	# pic	Suite, Apt. #, etc.				65-0674995		t Applicable
22	#, Olo.	<u> </u>	27			5. Certificate of Status Desired	\$8.75 ≠ Fee Re	
City & State		City & State				6. Election Campaign Financing	\$5.00	·
23		28					☐ Added t	
Zip Country		Zιp	Z <sub>ID</sub> Country			8. This corporation has liability for inta		199.032,
24 25		29				Florida Statutes Yes No		
9, Name and Address of Current Registered Agent  TALIDE   AMPENDE						10. Name and Address of New Regis	stered Agent	
TAUBE, LAWRENCE U				ا'°	Name			
1250 NO POINT PARKWAY			Ī	62	Street Addre	Address (P.O. Box Number is Not Acceptable)		
AAES	ST PALM BEACH FL 33407		-	63				
			+	84	City		FL 85 Zip C	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 regist 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 register agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.								s registered registered
SIGNATURE								
Signature, typed or printed name of registered agent and title if applicable. (NOTE:				Agen	l signature require		DATE	
12.	OFFICERS AND	DELETE	13.		<u> </u>	ADDITIONS/CHANGES TO OFFICER	Change	S IN 12
NAME	RUVIDO, RICHARD	Дист	1.2 NAME				Change	☐ AGUILION
STREET ADDRESS	C/O 9045 BRIDGE ROAD		1.3 STREET ADDRESS		DURESS			
CITY-ST-ZIP	HOBE SOUND FL 33455		1.4 CIT					
TITLE		DELETE	2.1 1111				Change	Addition
NAME			2.2 NAME					
STREET ADDRESS			2.3 STH	2.3 STREET ADDRESS				
CHY-ST-ZIP			2. 4 CITY - S1 - ZIP		- ZIP			
TITLE		☐ DELETE	3.1 \\TLE				☐ Change	Addition
NAME			3.2 NAME					
STREET ADDRESS					DDRESS			
CITY-ST-ZIP TITLE		DELETE	3.4. CIT		- ZIP		Change	Addition
NAME		L Dittil	4.1 TITLE 4.2 NAME				L_1 Change	Addition
STREET ADORESS					DDRESS			
CITY-ST-ZIP			4.4 CHY- S					
TITLE	· · · · · · · · · · · · · · · · · · ·	DELETE	5.1 TITLE				Change	☐ Addition
NAME			5.2 NAN	ΛE			-	
STREET ADDRESS			5.3 STH	EET A	DDRESS			
CITY-ST-ZIP			5.4 CIT	Y-ST-	- ZIP			
TITLE		DELETE	6 1 1HLE				Change	Addition
NAME			62 NA	đΕ				
STREET ADDRESS			6.3 STR	EET A	DDRESS			•

14. I do 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 trustife 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 the all achment with an address.