

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 # P96000024367 (0)

1. Corporation Name  
SOUTH BEACH MORTGAGE, INC.

Principal Place of Business  
450 EAST LAS OLAS BLVD.  
SUITE 1500  
FORT LAUDERDALE FL 33301

Mailing Address  
450 EAST LAS OLAS BLVD.  
SUITE 1500  
FORT LAUDERDALE FL 33301

98 APR 29 PM 1:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

03/14/1996

4. FEI Number

65-0650023

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

ROCHON, RICHARD C  
200 SO. ANDREWS AVENUE  
FORT LAUDERDALE FL 33301

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 the filer if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME ROCHON, RICHARD C  
STREET ADDRESS 450 EAST LAS OLAS BLVD., 15 FLOOR  
CITY-ST-ZIP FORT LAUDERDALE FL 33301

TITLE VPS ☐ DELETE

NAME PIERCE, WILLIAM M  
STREET ADDRESS 450 EAST LAS OLAS BLVD., 15 FLOOR  
CITY-ST-ZIP FORT LAUDERDALE FL 33301

TITLE Y ☐ DELETE

NAME BRANDEN, CRIS V  
STREET ADDRESS 450 EAST LAS OLAS BLVD., 15 FLOOR  
CITY-ST-ZIP FORT LAUDERDALE FL 33301

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME 200002515922-7

1.3 STREET ADDRESS -05/07/98--01101--011 I

1.4 CITY-ST-ZIP \*\*\*\*\*150.00 \*\*\*\*\*150.00

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE VT ☒ Change ☐ Addition

3.2 NAME BRANDEN CRIS V

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 an attachment with an address.

SIGNATURE:

*[Signature]*

CRIS V BRANDEN

4/29/98

954-627-8212

CR2E034 (10/97)