

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

FILED
Mar 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT, 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham, Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96060058506			
1. Corporation Name 1ST SECURITY MORTGAGE BANK, INC.			
Principal Place of Business		Mailing Address	
1111 KANE CONCOURSE #502		Bay Harbor Island FL 33154	
2. Principal Place of Business		2a. Mailing Address	
21 1111 KANE CONCOURSE	26 Suite, Apt #, etc.	4. FEI Number 65-0684829	
22 502	27 City & State	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
23 Bay Harbor Island FL	28 City & State	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
24 33154	29 Country	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		10. Name and Address of New Registered Agent	
Charles Serfaty		81 Name	
4330 SHERIDAN STREET #2026		82 Street Address (P.O. Box Number is Not Acceptable)	
HOLLYWOOD, FL 33021		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 familiar with and accept the obligations of Section 607.0505, Florida Statutes.			
SIGNATURE Charles Serfaty (NOT: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME		1.2 NAME	PRESIDENT/CEO
STREET ADDRESS		1.3 STREET ADDRESS	Ainsley Smith
CITY-ST-ZIP		1.4 CITY-ST-ZIP	2020 N.W. 3AVE
TITLE	☐ DELETE	2.1 TITLE	MIAMI FL 33169
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	400002463184
STREET ADDRESS		5.3 STREET ADDRESS	-03/20/98--01026--029
CITY-ST-ZIP		5.4 CITY-ST-ZIP	***150.00
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 person or business 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.			
SIGNATURE: Charles Serfaty		Date: 2-28-1998 Daytime Phone #: (305) 968-0886	

CR2E034 (10/97)