## FILE NOW: FILING FEE AFTER MAY 1ST IS \$55.00

**PROFIT CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF

Sandra B. Mortha

Secretary of State DIVISION OF CORPORATIONS

1**9**98 DOCUMENT #

P96000059677 (0)

SOUTHEAST BANKERS MORTGAGE CORP.

## **FILED** Apr 28 1998 8:00am Secretary of State

Principal Place of Business Mai				lailing Address					16 16116 614	., ., ., ., ., ., ., ., ., ., ., ., ., .		
420 LINCOLN ROAD SUITE 308 MIAMI BEACH FL 33139			SUITE	420 LINCOLN ROAD SUITE 308 MIAMI BEACH FL 33139			DO NOT WRITE IN THIS SPACE					
							a.	O7/15/1996				
2.	Principal Place of Busi	2a. Mail	2a. Mailing Address			4.	FEI Number		Applied For			
21		26	26				65-0680499		Not Applicable			
22	Suite, Apt. #, etc.	Suite 27	Suite, Apt. #, etc.			5.	5. Certificate of Status Desired Fee Required					
23	City & State	Cily 28	City & State			6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees						
24	Zip	Country 25	Zip <b>29</b>	` — — — — — — — — — — — — — — — —		Personal Property Tax due June 30.			☑ Yes	r Intangibte		
	9. Name	and Address of Co	rrent Registered	Agent		10. Name and Address of New Registered Agent						
	GRANITUR, E	RIC			81	Name						
325 MERIDIAN AVENUE #6 MIAMI BEACH FL 33139					82	82 Street Address (P.O. Box Number is Not Acceptable)						
	IIIAIIII BEAGI	772 00100			83							
	_		Address of Current Registered Agent  10. Name and Address of New Registered Agent  81 Name  NUE #6  82 Street Address (P.O. Box Number is Not Acceptable)									
11	Pursuant to the provise of the	sions of Sections 607	.0502 and 607.15	08, Florida Statules, th	ne abovi	e-named cor	poratio	n submits this statement for the purpose of	of changi	ng its registered		

agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.										
SIGNATURE	Signature, typod or printed name of registered agent and till	erd applicable (NOTE	Registered Agent signature requi	ired when reinstating)	DATE					
12.	OFFICERS AND DIRE		13.	ADDITIONS/CHANGES TO	OFFICERS AND DIRECTOR	S IN 12				
TITLE	P	DELETE	1.1 TOLE		☐ Change	Addition				
NAME	BENDER, BRUCE		1.2 NAME			Ì				
STREET ADDRESS	1020 MERIDIAN AVENUE		1.3 STREET ADDRESS							
CITY-ST-ZIP	MIAMI BEACH FL 33139		1.4 CITY-ST-ZIP							
TITLE	√P	DELETE	2.1 TITLE		Change	Addition				
NAME	DYER, CURT		2.2 NAME			]				
STREET ADDRESS	1020 MERIDIAN AVENUE		2.3 STREET ADDRESS							
CITY-ST-ZIP	MIAMI BEACH FL 33139		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. C(TY-ST-Z)P							
TITLE		☐ DELETE	4.1 TITLE		Change	☐ Addition				
NAME			4. 2 NAME							
STREET ADDRESS			4.3 STREET ADDRESS			ì				
CITY-ST-ZIP			4.4 CITY-ST-ZIP							
TITLE		☐ DELETE	5.1 TITLE		☐ Change	Addition				
NAME			5.2 NAME			ļ				
STREET ADDRESS			5.3 STREET ADDRESS							
CITY-ST-ZIP			5.4 CITY-ST-ZIP							
TITLE		☐ DELETE	6.1 TITLE		Change	☐ Addition				
NAME			6.2 NAME			1				
STREET ADDRESS			6.3 STREET ADDRESS	•						

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 corperation or the receiver or trulitee 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: