

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Aug 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000068301 (6)

1. Corporation Name

THE MORTGAGE COMPANY OF THE SOUTH, INC.

Principal Place of Business

350 SEVILLA AVENUE, SUITE 102
CORAL GABLES FL 33143

Mailing Address

350 SEVILLA AVENUE, SUITE 102
CORAL GABLES FL 33143

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/12/1996

3a. Date of Last Report

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

4. FEI Number

65-0688049

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 or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☒

No

9. Name and Address of Current Registered Agent

SNOLL, DAVEED R
3785 NORTHWEST 82 AVENUE, SUITE 315
MIAMI FL 33166

10. Name and Address of New Registered Agent

81 Name

Robert A. Chambers

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

350 SEVILLA Ave, #104

83

84 City

CORAL Gables

FL

85 Zip Code

33134

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

Robert A. Chambers Robert A. Chambers

7/18/97

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 ☐ DELETE
NAME LAZAR, LESTER DR.
STREET ADDRESS 12150 S.W. 92 AVENUE
CITY-ST-ZIP MIAMI FL 33176

TITLE ☐ DELETE
NAME CHAMBERS, ROBERT
STREET ADDRESS 350 SEVILLA AVENUE
CITY-ST-ZIP CORAL GABLES FL 33143

TITLE ☒ DELETE
NAME SNOLL, DAVEED R
STREET ADDRESS 20 OSAGE DRIVE
CITY-ST-ZIP MIAMI SPRINGS FL 33166

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
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME MARY C. Chambers
3.3 STREET ADDRESS Secretary
350 Sevilla Ave #104
3.4 CITY-ST-ZIP CORAL Gables, FL 33134

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 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 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.

SIGNATURE

Robert A. Chambers Robert A. Chambers 305-448-2225 7/18/97

CP2E034 (4/97)