

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Jul 29, 1999 8:00 am**  
**Secretary of State**

07-29-1999 90012 017 \*\*\*550.00

DOCUMENT # **P96000069993** ✓

1. Corporation Name

**SOUTHEAST FEDERATED MORTGAGE CORPORATION**

Principal Place of Business

**14270 PINES BLVD.  
DENBROOKE PINES FL 33026**

Mailing Address

**111 N. POMPANO BCH. BLVD.  
#304  
POMPANO BCH FL 33063**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**08/19/1996**

4. FEI Number

**65-0688379**

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 the current year  
Intangible Personal Property. ☒ Yes ☐ No

2. Principal Place of Business

**21 4792 W. COMMERCIAL BLVD**

2a. Mailing Address

**26 4792 W. COMMERCIAL BLVD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**23 TAMARAC, FL**

City & State

**28 TAMARAC, FL**

Zip

**24 33319**

Country

**25 FLORIDA**

Zip

**29 33319**

Country

**30 FLORIDA**

9. Name and Address of Current Registered Agent

**ESPOSITO, FRANK  
111 N. POMPANO BCH. BLVD.  
#304  
POMPANO BCH FL 33063**

10. Name and Address of New Registered Agent

**81 Name ESPOSITO, FRANK**

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

**4792 W. COMMERCIAL BLVD**

**83**

**84 City TAMARAC**

**FL**

**85 Zip Code 33319**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**D ESPOSITO, FRANK  
111 NORTH POMPANO BCH. BLVD.  
POMPANO BCH FL 33063**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

**D ESPOSITO, FRANK  
4792 W. COMMERCIAL BLVD  
TAMARA, FL 33319**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

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

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 149.07(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: **7/20/99**

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)