

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 01 1997 8:00am
Secretary of State

DOCUMENT # P96000078237 (0)

1. Corporation Name

SOBE MORTGAGE CORPORATION



Principal Place of Business

600 N CONGRESS AVE
SUITE #420
DELRAY BEACH FL 33445

Mailing Address

600 N CONGRESS AVE
SUITE #420
DELRAY BEACH FL 33445-3458

2. Principal Place of Business

21 115 SE 4th Ave.

Suite, Apt. #, etc.

22 City & State

23 Delray Beach, FL

Zip

24 33444

Country

25 Palm Beach

Country

26

Country

27

Country

28

Country

29

Country

30

Country

31

Country

32

Country

33

Country

34

Country

35

Country

36

Country

37

Country

38

Country

39

Country

40

Country

41

Country

42

Country

43

Country

44

Country

45

Country

46

Country

47

Country

48

Country

49

Country

50

Country

51

Country

52

Country

53

Country

54

Country

55

Country

56

Country

57

Country

58

Country

59

Country

60

Country

61

Country

62

Country

63

Country

64

Country

65

Country

66

Country

67

Country

68

Country

69

Country

70

Country

71

Country

72

Country

73

Country

74

Country

75

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28

Country

29

Country

30

Country

31

Country

32

Country

33

Country

34

Country

35

Country

36

Country

37

Country

38

Country

39

Country

40

Country

41

Country

42

Country

43

Country

44

Country

45

Country

46

Country

47

Country

48

Country

49

Country

50

Country

51

Country

52

Country

53

Country

54

Country

55

Country

3. Date Incorporated or Qualified

09/19/1996

3a. Date of Last Report

4. FEI Number

65-0696544

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 has liability for intangible tax under s. 199.032,

Florida Statutes

☒

Yes

☐

No

10. Name and Address of New Registered Agent

81 Name

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

83 City

84 State

85 Zip Code

86

Country

87

Country

88

Country

89

Country

90

Country

91

Country

92

Country

93

Country

94

Country

95

Country

96

Country

97

Country

98

Country

99

Country

100

Country

101

Country

102

Country

103

Country

104

Country

105

Country

106

Country

107

Country

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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 date of appointment

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

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 recorder or trusted representative 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.

CR2E034 (9/96)