

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

FILED

Jan 20 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000009076 (5)

1. Corporation Name

CONTEMPO REALTY MORTGAGE INVESTMENTS, INC.

Principal Place of Business

1025 SANTA FE BOULEVARD  
HIGH SPRINGS FL 32643

Mailing Address

1025 SANTA FE BOULEVARD  
HIGH SPRINGS FL 32643

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/24/1997

4. FEI Number

☒ 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

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 P.O. Box 788

27 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

ARDJOMAND-KERMANI, IRADJ  
1025 NE SANTA FE BOULEVARD  
HIGH SPRINGS FL 32643

10. Name and Address of New Registered Agent

81 Name

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

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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

*Iradi Ardjomand-Kermani*

*Brother in charge*

DATE

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	<input checked="" type="checkbox"/> DELETE
NAME	<del>IRADJ ARDJOMAND-KERMANI</del>	
STREET ADDRESS	1025 NE Santa Fe Blvd High Springs FL	
CITY-ST-ZIP	32643	

TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	IRADJ ARDJOMAND-KERMANI	
STREET ADDRESS	1025 NE Santa Fe Blvd	
CITY-ST-ZIP	HIGH SPRINGS FL. 32643	

TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	IRADJ ARDJOMAND-KERMANI	
STREET ADDRESS	1025 NE Santa Fe Blvd	
CITY-ST-ZIP	High Springs FL. 32643	

TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	IRADJ ARDJOMAND-KERMANI	
STREET ADDRESS	1025 NE Santa Fe Blvd	
CITY-ST-ZIP	High Springs FL. 32643	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President (P)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DORINDA ANN ARDJOMAND-KERMANI	
1.3 STREET ADDRESS	1025 N.E. SANTA FE BLVD	
1.4 CITY-ST-ZIP	HIGH SPRINGS FL. 32643	

2.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DORINDA ANN ARDJOMAND-KERMANI	
2.3 STREET ADDRESS	1025 N.E. Santa Fe Blvd	
2.4 CITY-ST-ZIP	HIGH SPRINGS FL. 32643	

3.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	DORINDA ANN ARDJOMAND-KERMANI	
3.3 STREET ADDRESS	1025 N.E. Santa Fe Blvd	
3.4 CITY-ST-ZIP	High Springs FL. 32643	

4.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	DORINDA ARDJOMAND-KERMANI	
4.3 STREET ADDRESS	1025 N.E. Santa Fe Blvd	
4.4 CITY-ST-ZIP	High Springs FL. 32643	

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

*Iradi Ardjomand-Kermani*

*President*

(904) 454-5686

CR2E034 (10/97)

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PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **812285** (5)  
1. Corporation Name  
**EDWIN B. STIMPSON COMPANY, INC.**



Principal Place of Business <b>900 SYLVAN AVENUE BAYPORT L I. NY 11705</b>	Mailing Address <b>900 SYLVAN AVENUE BAYPORT L I. NY 11705</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country		3. Date Incorporated or Qualified <b>10/21/1957</b>	
		4. FEI Number <b>11-1373230</b>		Applied For Not Applicable	
		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent <b>UNITED STATES CORPORATION COMPANY 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301</b>				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code <b>FL</b>	

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DCB RAU, HOWARD C. 1515 SW 13TH COURT POMPANO BEACH FL <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD THOMAS, SCOTT H 1515 SW 13TH CT POMPANO BCH FL <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD RAU, RALPH E., JR. 900 SYLVAN AVE. BAYPORT NY <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD RAUSS, WILLIAM G 900 SYLVAN AVE. BAYPORT NY <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DEWALTERS, EDWARD J 900 SYLVAN AVE. BAYPORT NY <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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:

*Alfred W. Stimpson* VP/CFO 1/5/98 (516) 472-2000

CR2E034 (10/97)