

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P97000020137

1. Corporation Name

Reed Mortgage, Inc.

REINSTATEMENT

FILED

99 SEP 27 PM 3:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

2450 N.E. Miami Gardens Dr.
Suite 100
North Miami Beach, FL 33180

2450 N.E. Miami Gardens Dr.
Suite 100
North Miami Beach, FL 33180

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

3. Date Incorporated or Qualified

02/28/97

4. FEI Number

65-0729940

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 Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

Honig, Gary D. Esq.
1250 E. Hallandale Beach Blvd., Penthouse
Hallandale, Florida 33009

10. Name and Address of New Registered Agent

81 Name
Louis A. Supraski, Esq.
82 Street Address (P.O. Box Number is Not Acceptable)
2450 N.E. Miami Gardens Drive, 2nd Floor
83
84 City
North Miami Beach, FL 85 Zip Code
33180

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)

09/24/99
DATE

12 OFFICERS AND DIRECTORS

11 President ☐ DELETE
Irene Reed
2450 N.E. Miami Gardens Dr., Ste 100
North Miami Beach, Florida 33180
12 Vice President, Secretary & ☐ DELETE
Marnia Trujillo Treasurer
2450 N.E. Miami Gardens Dr., Ste 100
North Miami Beach, Florida 33180
13 ☐ DELETE

14 ☐ DELETE

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13 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☒ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

REINSTATEMENT 98-99 1 TS

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/24/99 (305) 692-8886

Date

Daytime Phone #

CR2E034 (11/98)