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



## Sandra B. Mortham

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May 19 1997 8:00am	1
Secretary of State	

COR ANNU	PROFIT PORATION JAL REPORT 1997		<b>Sandra</b> Secre	PARTMENT OF STATE  B. Moytham  etary of State  F CORPORATIONS		May 19 1997 8:00ar Secretary of State			
	MENT # SO249 MORTGAGE, INC.	94	(O)			I DEGLARIE DY REGIO MON SUBUE DENU D		4881 <b>8</b> 1811 81811	81811 X <b>81</b> 1
Principal Place 2480 SW 137TH SUITE 245 MIAMI FL 83175	H AVE	2460 SUIT	ng Address SW 1377H AVE E 245 II FL 33175-6399			3. Date Incorporated or Qualified	<b>3a.</b> Da	ite of Last Ri	
2. Principal Pla	ace of Business	2a. M	laiting Address	·		09/27/1990 4. FEI Number	U4/	23/1996	plied For
21		26				65-0220917			t Applicable
Sulte, Apt. / 22	N, etc.	27 S	uite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 A	
City & State	)		ity & State	· · · · · · · · · · · · · · · · · · ·	····	6. Election Campaign Financing		\$5.00	<del></del>
23	Country	28	in.	Oountry		Trust Fund Contribution		Added t	o Fees
Zip 24	Country 25	29	ip	30		This corporation has tiability for Florida Statutes		tax under s. ∃No	199.032,
	g. Name and Address of Cur TE, CLARA A.		ed Agent		ame	10. Name and Address of New F	Registered /	Agent	
SIGNATURE				ules, the above-na s authorized by the Florida Statutes.		oration submits this statement for the ion's board of directors. I hereby acc		85 Zip ( changing its ointment as	
SIGNATURE	Signature, typed or printed name of registered	d agent and tice if a	pptcable (N	tules, the above-na s authorized by the Florida Statutes.	imed corp e corporal	ed when reinstating)	purpose of opt the app	changing its ointment as	s registered registered
SIGNATURE	Signature, typed or printed name of registered OFFICERS		pptcable (N	ules, the above-na s authorized by the Florida Statutes.	imed corp e corporal		purpose of opt the app	changing its ointment as	s registered registered
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on preby 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 suppliemental 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 of planged, or on an attachment with an address.