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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT.#
1. Corporation Name

Principal Place of Business

550 BILTMORE WAY

S53134

(0)

Mailing Address

550 BILTMORE WAY

## MORTGAGE AND REALTY INVESTMENT CORPORATION OF THE SOUTHEAST

700 CORAL GABLES FL 33134 US		700 CORAL GABLES FL 33134 US	CORAL GABLES FL 33134		DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  05/15/1991		
<b>├-</b>		2a. Mailing Address 26	1		4. FEI Number 65-0263896	Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	·1		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State	- ŋ - <sup>-</sup>		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24	Country 25	Z(p) 3	Country 30		8. This corporation owes or has paid the curre Personal Property Tax due June 30.	ent year Inlangible Yes 🔲 No	
g. Name and Address of Current Registered Agent					<ol><li>Name and Address of New Registered A</li></ol>	gent	
FOI	RD, EARLINE G.		81	Name	· · · · · · · · · · · · · · · · · · ·		
550 BILTMORE WAY SUITE 700			82	Street	Address (P.O. Box Number is Not Acceptable)		
	RAL GABLES FL 33134		83				
			84	City	FL	85 Zip Code	
11, Pursuant t office or re agent. I ar	o the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obligations.	2 and 607.1508, Flori <mark>da Stat</mark> utes of Florida. Such change was au itions of, Section 607.0505, Flori	the abovithorized by	e-named y the coi	d corporation submits this statement for the purpose of or poration's board of directors. I hereby accept the apporation's	hanging its registered intment as registered	
SIGNATURE							
0.0	Signature, typed or printed name of registered again	of and title if applicable (NOTE:	Registered Ag	ent signatu	e required when reinstating) DATE		
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFFICERS AND		
TITLE	DP	DELETE	1.1 TITLE			Change Addition	
NAME	CAMNER, ALFRED R.		1.2 NAME				
STREET ADDRESS	550 BILTMORE WAY, SUITE 7	'00	1.3 STREET	ADDRESS			
CITY-ST-ZIP	CORAL GABLES FL		1.4 CiTY - S	ST-ZIP			
TITLE	<u>\$</u> T	☐ DELETE	2.1 TITLE			Change Addition	
NAME	FORD, EARLINE G		2.2 NAME				
STREET ADDRESS	<b>85</b> 0 BILTMORE WAY, SUITE 7	<b>'00</b>	2.3 STREET	ADDRESS			
CITY-ST-ZIP	CORAL GABLES FL		2. 4 CHY-	ST-ZIP			
TITLE	V	☐ DELETE	3.1 TITLE		ļ	Change Addition	
NAME	CAMNER, DANIELLE		3.2 NAME				
STREET ADDRESS	550 BILTMORE WAY, SUITE 7	<b>'00</b>	3.3 STREET	ADDRESS			
CITY-ST-ZIP	CORAL GABLES FL		3.4. CITY -	ST-ZIP			
TITLE		DELETE	4.1 TITLE		I -	Change X Addition	
NAME			4. 2 NAME		CAMNER, ERRIN		
STREET ADDRESS			4.3 STREET	ADDRESS	550 BILTMORE WAY, SUITE 700		
CITY-ST-ZIP			4.4 CiTY - 9	ST-ZIP	CORAL GABLES, FL		
TITLE		☐ DELETE	5.1 TITLE		-	Change X Addition	
NAME			5.2 NAME		CAMNER, LAUREN		
STREET ADDRESS			5.3 STREET	ADDRESS	550 BILIMORE WAY, SUITE 700		
CITY-ST-ZIP			5.4 CITY - 9	31 - 7IP	CORAL GABLES, FL		
TITLE		☐ DELETE	6.1 TITLE			Change	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET	ADDRESS			

14. 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.

**FILED** 

May 18 1998 8:00am

Secretary of State