Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90097 017 \*\*\*150.00

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # \$53134

1. Corporation Name

Principal Place of Business

MORTGAGE AND REALTY INVESTMENT CORPORATION OF TH E SOUTHEAST

Mailing Address

550 BILTMORE	WAY .	550 BILTMORE WAY						*		
700 CORAL GARLES EL 33134		700 CODAL CARLES EL 22124				DO NO	OT WRITE IN THIS S	SPACE		
CORAL GABLES FL 33134 US		CORAL GABLES FL 33134 US			3.	3. Date Incorporated or Qualifed				
00	•					05/15/1991				ļ
2. Principal Pla	ace of Business	2a. Mailing Address		<del></del>	4.	FEI Number			Applie	ed For
21		26				65-0263896		•	Not A	pplicable
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.					sired	\$8.	<b>75</b> Add	litional
22		27			5.	Certifcate of Status De		Fe	e Requi	ired
City & State	e :	City & State			6.	Election Campaign Fin	ancing	\$5	.00 ма	y Be
23		28				Trust Fund Contributio	<u>n</u>	Ad	ded to F	ees
Zip	Country	Zip	Countr	у	8.	This corporation owes			_	,
24	25	29 3	0			Personal Property Tax	<u> </u>	☐ Yes		No
	9. Name and Address of Currer	nt Registered Agent				Name and Address o	f New Registered A	gent		
5000	D EAGURIE O		81	1 Na	me					
FORD, EARLINE G.			82 Street		eet Address (F	Address (P.O. Box Number is Not Acceptable)				
550 BILTMORE WAY										
	E 700		83	3						
COR	AL GABLES FL 33134		84	4 Cit	v			85	Zip Cod	de
ĺ	**************************************		ì	1	•		F <u>L</u>	1 1		
11. Pursuant t	to the provisions of Sections 607.050 egistered agent, or both, in the State	02 and 607.1508, Florida Statutes	the above	ve-nar	ned corporation	n submits this statemen	t for the purpose of c	hangir	ig its reg as regis	gistered tered
office or re agent. I ar	egistered agent, or both, in the State m familiar with, and accept the obliga	ations of, Section 607.0505, Florid	ia Statute	9 u ie c 25.	orporation a co	Cald Of Girectors, 1 110.01	Jy Boocht inc app		45 5	
SIGNATURE	At a second second some of registered 200	and sittle if conflicable (NOTE: R	Penistered Ao	ent signa	ture required when	reinstating)	DATE			
Signature, typed or printed name of registered agent and title if a OFFICERS AND DIREC			13.	orn organ		ADDITIONS/CHANGES	TO OFFICERS AND	DIRE	CTORS	S IN 12
TITLE	DP STREET	☐ DELETE	1,1 TITLE	:				Cha	ange	Addition
	O1				1					
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NAME STREET ADDRESS	CAMNER, ALFRED R. 550 BILTMORE WAY, SUITE 70	00	1.2 NAME 1.3 STRE		RESS			٠.		
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	550 BILTMORE WAY, SUITE 70 CORAL GABLES FL	00 DELETE	1.3 STRE	ET ADDR	RESS			Cha	ange	☐ Addition
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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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP