

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

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90167 024 ***150.00

DOCUMENT # S54745

1. Corporation Name
BANKATLANTIC MORTGAGE, INC.

Principal Place of Business
1750 EAST SUNRISE BLVD.
FORT LAUDERDALE FL 33304

Mailing Address
1750 EAST SUNRISE BLVD.
FORT LAUDERDALE FL 33304

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/23/1991

4. FEI Number

65-0294586

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

CARVALHO, JEAN
1750 EAST SUNRISE BLVD.
FORT LAUDERDALE FL 33304

10. Name and Address of New Registered Agent

81 Name JACK A. FURMAN, ESQ.

82 Street Address (P.O. Box Number is Not Acceptable)
1750 E. SUNRISE BLVD.

83

84 City FT. LAUDERDALE FL 85 Zip Code 33304

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.

(NOT: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

12. TITLE D ☐ DELETE
NAME LEVAN, ALAN
STREET ADDRESS 1750 EAST SUNRISE BLVD.
CITY-ST-ZIP FORT LAUDERDALE FL

TITLE PD ☐ DELETE
NAME GRIECO, FRANK
STREET ADDRESS 1750 EAST SUNRISE BLVD.
CITY-ST-ZIP FORT LAUDERDALE FL

TITLE V ☐ DELETE
NAME ABER, WILLIAM L.
STREET ADDRESS 1750 EAST SUNRISE BLVD.
CITY-ST-ZIP FORT LAUDERDALE FL

TITLE S ☒ DELETE
NAME CARVALHO, JEAN
STREET ADDRESS 1750 EAST SUNRISE BLVD.
CITY-ST-ZIP FORT LAUDERDALE FL

TITLE T ☒ DELETE
NAME EANES, JASPER
STREET ADDRESS 1750 EAST SUNRISE BLVD.
CITY-ST-ZIP FORT LAUDERDALE FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE SECRETARY/TREAS.
4.2 NAME JARETT S. LEVAN
4.3 STREET ADDRESS 1750 E. SUNRISE BLVD.
4.4 CITY-ST-ZIP FT. LAUDERDALE, FLA. 33304

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Jaytime Phone #

CR2E034 (11/98)

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