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

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

(3)

SAFEWAY MORTGAGE AND INVESTMENT CO.

## **FILED** Apr 02 1998 8:00am Secretary of State

Principal Place	e of Business	Mailing Address							
1919 NE 45TH STREET 1919 NE 45TH STREET									
Suite 114   Fort Lauderdale FL 33308			SUITE 114 FORT LAUDERDALE FL 33308			DO NOT WRITE IN THIS SPACE			
US	HUMLE PL 33300		US			3. Date Incorporated or Qualified			
•••						03/12/1992			
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		Ap	plied For
21		26			65-0360554		No	t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	9	City & State				6. Election Campaign Financing		\$5.00	May Re
23		28				Trust Fund Contribution		Added t	
Zip	Country	Zip	Coun	ıtry		8. This corporation owes or has p	aid the cu	rent year Int	angible
24	25	29	30			Personal Property Tax due Jun			No
	9. Name and Address of Currer	nt Registered Agent				10. Name and Address of New R	egistered	Agent	
	Teb, Hanna		1	81	Name				
196	362 HAMPTON DRIVE		82 Street Ad			ss (P.O. Box Number is Not Accepta	ble)		
BO	CA RATON FL 33434		<u> </u>	_					
				83					
					City		FL	.	Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida States of Florida, Such change wa	tutes, the ab	OVE-	named corporation	oration submits this statement for the on's board of directors. I hereby accepts	purpose o	f changing it	ts registered registered
agent. I a	m familiar with, and accept the oblig	ations of, Section 607.0505,	Florida Statu	ites.	uic corporant	5.1.0 50a.10 5. a./ 50.0/6. 1 1.5.02, a.5.	-10.0.0		J. J
SIGNATURE	Signature, typed or printed carrie of registered ag-	ent and little if applicable (N	IOTE Registered	Agent	I signature require	d when reinstating)	DATE		
12.		D DIRECTORS	13.	•		ADDITIONS/CHANGES TO OFF	CERS ANI	DIRECTOR	1\$ IN 12
TITLE	PO	DELETE	1,1 TITL	LE				Change	Addition
NAME	KATEB, HANNA		1.2 NAX	ME					
STREET ADDRESS	19662 HAMPTON DRIVE		1.3 STR	REET A	ODRESS				
CITY-ST-ZIP	BOCA RATON FL 33434		1.4 CIT	Y-ST-	- ZIP				
TITLE		DELETE	2 1 T)T(	LE				Change	Addition
NAME			2.2 NA	ME					
STREET ADDRESS			2.3 STR	REET A	NDDRESS				
CITY-ST-ZIP			2.4 011	TY-ST	r-ZIP				
TITLE		DELETE	3.1 TITE	LE				Change	Addition
NAME			3.2 NAI	ME	1				
STREET ADDRESS			3.3 STF	REET A	ADDRESS	0			•
CITY-ST-ZIP			3.4. CI1	TY-ST	r-ZIP				
TITLE		☐ DELETE	4.1 TIT					☐ Change	Addition
NAME			4. 2 NA	ME					
STREET ADDRESS			4.3 STF	REET A	NDDRESS				
CITY-ST-ZIP			4.4 CIT	Y-\$1	- ZIP				
TITLE		☐ DELETE	5.1 TIT	Lŧ				Change	Addition Addition
NAME			5.2 NA	MĒ					
STREET ADDRESS			5.3 STF	REET A	ADDRESS				
CITY-ST-ZIP			5.4 CIT	Y-ST	- ZIP		.,,		
TITLE		DELETE	61 TIT	1E				☐ Change	Addition
NAME			6.2 NA	ME					
STREET ADDRESS			6.3 STF	REET A	ADORESS				
CATY-ST-ZIP			6.4 CIT	Y-ST	- ZIP				
	certify that the information supplied y	vith this filing does not qualify	v for the exe	mpti	on stated in S	Section 119.07(3)(i), Florida Statutes.	I further c	ertify that the	e information

Indicated on this annual report or supplied with this nimity does not quality for the exemption stated in Section 119.07(3)(), 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 a officer or director of the corporation or the receiver of the corporation or the receiver of the employee personnel of the employee personnel of the corporation or the receiver of the receiver of the receiver of the corporation or the receiver of the receiver of

SIGNATURE.