

602  
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FILED  
Apr 23 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # V44278 (2)  
1. Corporation Name  
INSTITUTIONAL MORTGAGES, INC.

Principal Place of Business

700 N.W. 107 AVE.  
MIAMI FL 33172

Mailing Address

700 N.W. 107 AVE.  
MIAMI FL 33172-3161



3. Date Incorporated or Qualified  
06/17/1992  
3a. Date of Last Report  
05/01/1996

4. FEI Number  
65-0344327  
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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WATSKY, MORRIS J.  
700 N.W. 107 AVE.  
MIAMI FL 33172

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

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

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME DCP  
SAIONTZ, STEVEN J.  
STREET ADDRESS 700 N.W. 107TH AVENUE  
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME DVS  
REED, LINDA  
STREET ADDRESS 700 N.W. 107TH AVENUE  
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME DV  
KAMINSKY, NANCY  
STREET ADDRESS 700 N.W. 107TH AVENUE  
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME V  
MODIST, DEBRA  
STREET ADDRESS 700 NW 107 AVE  
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME V  
PEKOR, ALLAN J  
STREET ADDRESS 700 NW 107 AVE  
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME VT  
MUNOZ, JANICE  
STREET ADDRESS 700 N.W. 107TH AVENUE  
CITY-ST-ZIP MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I do 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

SIGNATURE:

*[Signature]*

Debra y Modist 1-13-97 (305) 229-6400

CR2E034 (9/96)