SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT. CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9600005250 (3)

GLOBAL MORTGAGE SERVICES CORP.



1997 AUG 25 AM 9: 05

SECRETARY OF STATE TALLAHASSEE, FLORIDA



Principal Place	e of Business	Mailing Address		 ,						
25 FOREST STREET, #16 25 FOREST STREET, #16 STAMFORD CT 06901 STAMFORD CT 06901										
Attimition of pages.							DO NOT WRITE IN THIS SPACE			
							 Date Incorporated or Qualified 10/10/1996 	3a. Date	of Last R	eport
2. Principal Place of Business 21 177 Broad Street 26 177 Broad Street 27 177 Broad Street							4. FEI Number Applied For			
21 1// Broad Street 26 177 Broad Stree Suite, Apt. #. etc. Suite, Apt. #. etc.				et			06-1461914			ot Applicable
22 9th Floor 27 9th F1							5. Certificate of Status Desired		60.75 Fee Re	Additional
City & State			City & State				6. Election Campaign Financing		\$5.00	
	ord, CT	28 Stamford, C	Stamford, CT			1	Trust Fund Contribution		Added	
Zip	Country	Zip	Cou	ntry			8. This corporation owes or has paid	the currer		
24 06901	25 USA	29 06901	30 I	JS#	A		Personal Property Tax due June 3	_		X No
	9. Name and Address of	of Current Registered Agent					Name and Address of New Reg	istered Ag	ent	
	CORPORATION SYSTEM			81	Name					
1200 SOUTH PINE ISLAND ROAD					Street A	Address	(P.O. Box Number is Not Acceptable	e)		
PLA	NTATION FL 33324			83						
				84	City			FL	B5 Zipi	Code
11. Pursuant to office or reagent. Lar	to the provisions of Sections egistered egent, or both, in m familiar with, and accept	s 607.0502 and 607.1508, Florida Stat the State of Florida. Such change was the obligations of, Section 607.0505, I	utes, the all s authorized Florida Stat	pove d by utes	e-named of the corp	corpore	ition submits this statement for the push board of directors. I hereby accept		anging it tment as	s registered registered
SIGNATURE										
	Signature, typod or printed name of re			l Age	nt signature i	required w	then reinstating)	DATE DO AND O	DECTO	0.151.40
12.	POS	CERS AND DIRECTORS DELETE	13. 1.1 Ti				ADDITIONS/CHANGES TO OFFICE		Change	S IN 12
NAME	ADAMO, DAVID	_ back	1.2 N/				1000022	798		1
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NAME			6.2 NA	ME	1	1			16	1/4/1/
STREET ADDRESS			6.3 \$1	REET	ADDRESS				~ M	101
CITY-ST-ZIP					1 - ŽIP				Ø	

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 eath; 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.

CICNATURE

CONTRACTOR (ARC)

CR2E034 (4/97)





August 21, 1997

Annual Report Filings
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

Re: 1997 Profit Corporation Annual Report

To Whom It May Concern:

Enclosed please find the original Corporation Annual Report, as well as a check in the amount of \$165.00. Please be advised that this was the first notice, not the second, that we have received, therefore, the enclosed check is for payment of the annual report and the corporation supplemental fee. If there are any questions or problems, please do not he sitate to call.

Sincerely,

Tracey Monaco
Operations Manager

Encl.