


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

FILED

Mar 16 1998 8:00am
Secretary of State

PROFIT CORPORATION • ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000024858 (7)**

1. Corporation Name
GICC MORTGAGE CORP.



Principal Place of Business 5161 COLLINS AVENUE PENTHOUSE A MIAMI BEACH FL 33140	Mailing Address 5161 COLLINS AVENUE PENTHOUSE A MIAMI BEACH FL 33140
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 7771 West Oakland Park Blvd. Suite, Apt. #, etc. 22 Suite 130 City & State 23 Sunrise, FL Zip 24 33351		2a. Mailing Address 26 7771 West Oakland Park Blvd. Suite, Apt. #, etc. 27 Suite 130 City & State 28 Sunrise, FL Zip 29 33351		3. Date Incorporated or Qualified 03/19/1997	
		4. FEI Number 65-0738229		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent ATRIUM REGISTERED AGENTS, INC. 1500 SAN REMO AVENUE SUITE 125 CORAL GABLES FL 33146				10. Name and Address of New Registered Agent	
				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DPS	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	GANGEL, RICHARD			1.2 NAME	Roni Gangel		
STREET ADDRESS	5161 COLLINS AVE, PH-A			1.3 STREET ADDRESS	7771 West Oakland Park Blvd. #130		
CITY-ST-ZIP	MIAMI BEACH FL 33140			1.4 CITY-ST-ZIP	Sunrise, FL 33351		
TITLE		<input type="checkbox"/> DELETE		2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				2.2 NAME	Richard Gangel		
STREET ADDRESS				2.3 STREET ADDRESS	7771 West Oakland Park Blvd. #130		
CITY-ST-ZIP				2.4 CITY-ST-ZIP	Sunrise, FL 33351		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				3.2 NAME	Martin Seligson		
STREET ADDRESS				3.3 STREET ADDRESS	1235 East Mountain Drive		
CITY-ST-ZIP				3.4 CITY-ST-ZIP	Montecito, CA 93108		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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.

SIGNATURE _____

CR2E034 (10/97)