**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P97000024858

1. Corporation Name

GICC MORTGAGE CORP

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* 1	
Principal Place of Business	Mailing Address
7774 MICOT CAMI AND DADY OLUD	

**FILED** Jan 22, 1999 8:00am **Secretary of State** 

01-22-1999 90080 002 \*\*\*150.00



7771 WEST OAKLAND PARK BLVD akland park blvd SUITE 130 SUITE 130 SUNRISE FL 33351 SUNRISE FL 33351 DO NOT WRITE IN THIS SPACE . 3. Date Incorporated or Qualifed 03/19/1997 Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0738229 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certifcate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes the current year Intangible 25 24 30 Personal Property Tax. □Yes □ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name ATRIUM REGISTERED AGENTS, INC. 1500 SAN REMO AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 125 83 CORAL GABLES FL 33146 84 City 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 of florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE ☐ DELETE 11 TITLE ☐ Change Manager Addition NAME **GANGEL, RICHARD** 1.2 NAME 7771 WEST OAKLAND PARK BLVD, #130 STREET ADDRESS 1.3 STREET ADDRESS SUNRISE FL 33351 CITY-ST-ZIP 1.4 CITY-ST-ZiP TITLE ☐ DELETE 2.1 TITLE ☐ Change ☐ Addition GANGEL, RONI NAME 22 NAME STREET ADDRESS 7771 WEST OAKLAND PARK BLVD. #130 2.3 STREET ADDRESS SUNRISE FL 33351 CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE ☐ Change Addition NAME SELIGSON, MARTIN 1235 EAST MOUNTAIN DRIVE STREET ADDRESS 3.3 STREET ADDRESS **MONTECITO CA 93108** CITY-ST-ZIP. 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE ☐ DELETE 51 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 61 TITLE ☐ Change ☐ Addition NAME 6.2 NAME S + 1 STREET ADDRESS 6.3 STREET ADDRESS

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 trusted emproyered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE

CITY-ST-ZIP