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Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED

Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90102 016 ***150.00

561-368-6250

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 350977

1. Corporation Name

Principal Place of Business

STREET ADDRESS

SIGNATURE:

GOLD MORTGAGE, CO.

r inicipai r iace	5 Of Dubilless	Malling / loar ooo		•		
7251 W. PALME Suite #200 BOCA RATON I JS	-	7251 W. PALMETTO PK RD Suite #200 Boca Raton FL 33433 US		DO NOT WRITE IN THIS 3. Date Incorporated or Qualified 08/19/1969	SPACE	
2. Principal Pl	ace of Business O W. CAMINO REAL	2a. Mailing Address 26 200 W. CAMI	40 Ami	4. FEI Number 59-1284685	<u> </u>	lied For Applicable
Suite, Apt.	_ <u> </u>	Suite, Apt.#, etc.		5. Certificate of Status Desired	\$8.75 Ac	dditional
City & Star	DATON	City & State	and .	6. Election Campaign Financing	\$5.00 N	May Be
3 Zip #/-	Country 422	Zip	Country 372	8, This corporation owes the current year Interpretation Personal Property Tax.	tangible	No
4	25 5 5 7		1 0000	10. Name and Address of New Registered		
9. Name and Address of Current Registered Agent 81 GOLD, SEYMOUR B 7251 W PALMETTO PK RD SUITE #200 BOCA RATON FL 33433 84				Address (P.O. Box Number is Not Acceptable) So it 200 F	R5 Zin C	ode
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 a	and title if applicable (NOTE: Re	gistered Agent signature re	quired when reinstating) DATE		——
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	RS IN 12
TITLE	P	DELETE	1.1 TITLE	SEYMOUR B. GOW	Change	Addition
NAME	SEYNOUR, B GOLD		1.2 NAME	SEYMOUR B. GOW DOD W. CAMINO ROAL BOCK RAYON FL 334	5.41	300 0
STREET ADDRESS	7251 W. PALMETTO PARK RD	SUITE 200	1.3 STREET ADDRESS	200 W. CAMINO KUTL	20110	7
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY-ST-ZIP	BOCK RAYON FL 234	32	
TITLE		☐ DELETE	2.1 TITLE		Change	Addition
NAME			2.2 NAME	•		ĺ
STREET ADDRESS			2.3 STREET ADDRESS			,
CITY-ST-ZIP			2. 4 CITY-ST-ZIP		··	
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STREET ADDRESS			3.3 STREET ADDRESS	·		}
CITY-ST-ZIP			3.4. CITY-ST-ZIP		☐ Change	Addition
TITLE		☐ DELETE	4.1 TITLE		☐ citaliye	1_1 Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS	•		J
CITY-ST-ZIP		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change	Addition
TITLE			5.2 NAME	,		.
NAME			5.3 STREET ADDRESS			}
STREET ADDRESS			5.4 City-ST-ZIP			. [
CITY-ST-ZIP		[] DELETE	6.1 TITLE		Change	Addition
TITLE]	C) OCCU	. .		9-	_ '

6.3 STREET ADDRESS

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 one attachment without address, with all other like empowered.