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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 620380

(8)

FIRST G	ENERAL MORTGAGE COMP e of Business BORO BLVD., STE. 103	Mailing Address L1701 W. HILLSBORO BLV POMPANO BEACH FL 334			
					Date of Last Report 3/12/1996
2. Principal P	Place of Business	2a. Mailing Address	111111111111111111111111111111111111111	4. FEI Number	Applied For
21 Control And	# 6la	Suite, Apt. #, etc.	····	59-1938355	Not Applicable
Suite, Apt.	#, etc	27 Suite, Apr. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stati	6	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Ζφ <b>24</b>	Cauntry 25	Zip 29	Country 30	8. This corporation has liability for intangit	ole tax under s. 199.032,
	9. Name and Address of Curren			10. Name and Address of New Registere	d Agent
		2 and 607.1508, Florida Statu of Florida. Such change was ations of, Section 607.0505, F	84 City  des, the above-named cor authorized by the corporal lorida Statutes.	poration submits this statement for the purpose tion's board of directors. I hereby accept the a	of changing its registered ppointment as registered
	Stguature, type-d or printed name of registered age		TE Registered Agent signature requ	ared when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	
<b>12.</b> Till(	OFFICERS AND	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
NAME	BERNSTEIN, RICHARD	<u></u>	1.2 NAME		
STREET ADDRESS	5640 B. COACH HOUSE OIR		1.3 STREET ADDRESS		
CITY - ST - ZIP	BOCA RATON FL		1.4 CITY-ST-2IP		
TILE	PD	☐ DELETE	2.1 TITLE		Change Addition
NAME	BERNSTEIN, RICHARD H		2.2 NAME		
STREET ADDRESS	S640-BCOACH HOUSE CIR		2.3 STREET ADDRESS		
CITY - ST - ZIP	BOCA RATON FL	DE DELETE	2. 4 CITY - ST - ZIP		T our
TITLE	MALAVENDA, RICHARD	DELETE	3.1 TITLE		Change Addition
NAME.	21557 SAN LORENZO AVENUE	<b>:</b>	3.2 NAME		
STREET ADORESS	BOCA RATON FL	•	3.3 STREET ADDRESS		
CITY - ST - ZIP TITLE	John III	DELETE	3.4 CITY-ST-ZIP 4.1 TITLE		Change Addition
NAME		En sterit	4. 2 NAME		and samings East resolution
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - ZIP			4.4 CITY - ST - ZIP		
HILE		☐ DELETE	5.1 TITLE		Change Addition
NAME	1		5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CHY-ST-ZIP			5.4 CITY+ST-ZIP		
TillE		DELETE	6.1 TITLE		Change Addition
NAME:	]		6.2 NAME		

6.3 STREET ADDRESS 6.4 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 in that my name attachment with an address.

SIGNATURE:

STREET ADDRESS

**FILED** 

Apr 02 1997 8:00am

Secretary of State