

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000004093
1. Corporation Name

GOVERNMENT GUARANTEED LOAN INSTITUTE, INC.

Principal Place of Business: **13127 SW 68th Terrace Miami, FL 33183**
Mailing Address: **13127 SW 68th Terrace Miami, FL 33183**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 7/30/92	3a. Date of Last Report 1995
21. Subj. Apt. # etc.	26. Subj. Apt. # etc.	4. FEI Number 54-1640268		Applied For Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip	28. Zip	6. Federal Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country	29. Country	30. Country		8. This corporation has liability for intangible tax under s. 190.032 Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
James Slack
7030 SW 144 Place
Miami, FL 33183

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. City **FL** 85. Zip Code

11. Pursuant to the provisions of Sections 607.011 and 607.016, 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 agree with the provisions of Section 607.016, Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS

12a. TITLE	12b. OFFICE
NAME	
STREET ADDRESS	
CITY & STATE	
ZIP	
NAME	
STREET ADDRESS	
CITY & STATE	
ZIP	
NAME	
STREET ADDRESS	
CITY & STATE	
ZIP	
NAME	
STREET ADDRESS	
CITY & STATE	
ZIP	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

13a. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13b. NAME	
13c. STREET ADDRESS	
13d. CITY & STATE	
13e. ZIP	
13f. NAME	
13g. STREET ADDRESS	
13h. CITY & STATE	
13i. ZIP	
13j. NAME	
13k. STREET ADDRESS	
13l. CITY & STATE	
13m. ZIP	

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-08/02/96--01031--010
*****225.00**

14. SIGNATURE:
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/25/96

CR2E034 (3/96)

81-AL
JW