

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

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PROFIT CORPORATION ANNUAL REPORT 1998



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

FILED

98 JUL 17 PM 12: 54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F96000002986 (5)
1. Corporation Name
GUARANTEED FINANCIAL MORTGAGE SERVICES, INC.



Principal Place of Business: **19 WEST JACKSON ST., STE. 210 CHICAGO IL 60604**
Mailing Address: **19 WEST JACKSON ST., STE. 210 CHICAGO IL 60604**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/13/1996	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number 36-3826221	Applied For <input checked="" type="checkbox"/> Not Applicable
23 Zip	25 Country	28 Zip	30 Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
g. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
24				29	

PIAZZA, JOHN J JR.
311 PARK PLACE BLVD., STE. 170
CLEARWATER FL 34819

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ DATE _____
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CP	1.2 NAME	600002594536--5
STREET ADDRESS	CIARDELLI, VICTOR F III	1.3 STREET ADDRESS	-07/21/98--01096--022
CITY-ST-ZIP	19 WEST JACKSON ST., STE. 210	1.4 CITY-ST-ZIP	****150.00 ****150.00
CITY-ST-ZIP	CHICAGO IL 60604	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	2.2 NAME	
NAME		2.3 STREET ADDRESS	
STREET ADDRESS		2.4 CITY-ST-ZIP	
CITY-ST-ZIP		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	3.2 NAME	
NAME		3.3 STREET ADDRESS	
STREET ADDRESS		3.4 CITY-ST-ZIP	
CITY-ST-ZIP		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	4.2 NAME	
NAME		4.3 STREET ADDRESS	
STREET ADDRESS		4.4 CITY-ST-ZIP	
CITY-ST-ZIP		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	5.2 NAME	
NAME		5.3 STREET ADDRESS	
STREET ADDRESS		5.4 CITY-ST-ZIP	
CITY-ST-ZIP		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	6.2 NAME	
NAME		6.3 STREET ADDRESS	
STREET ADDRESS		6.4 CITY-ST-ZIP	
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.

CR2E034 (10/97)

Handwritten signature and date

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G U A R A N T E E D
◆ FINANCIAL MORTGAGE ◆

June 18, 1998

Division of Corporations
Annual Reports Filings
P.O. Box 1500
Tallahassee, Florida 32302

Florida Department of State:

Upon receiving a notice for payment of The State of Florida's Profit Corporation Annual Report, a check in the amount of \$150 was mailed out on March 10, 1998. On June 17, 1998 the check was returned to us because of failure to add an additional .11 cents to the postage. If the envelope had been returned to us promptly, payment would have been received on time. Enclosed is a copy of the returned envelope complete with postage markings, the check for \$150, and the signed document. Any questions regarding this matter please call me at 312-461-0909.

Sincerely,



Victor F. Ciardelli
CEO

PLEASE REMEMBER TO:

- Include Fee of \$150.00
- Sign Your Check & Make Payable to Department of State
- Complete Block 4
- Have a Current Officer/Director listed sign in Block 14



From

DEAD LETTER BRANDS



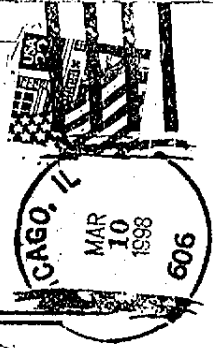
Postage meter stamp: POSTAGE meter !!!

Returned for additional postage. Additional postage stamps must be attached to this notice. Please stamps ever it.



Return address to pay POSTAGE meter !!!

DIVISION OF CORPORATIONS
ANNUAL REPORTS FILINGS
PO BOX 1500
TALLAHASSEE FL 32302-1500



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Vertical barcode-like markings on the right edge.