

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P20795 (1)

1. Corporation Name

GENERAL MORTGAGE CORPORATION OF AMERICA



Principal Place of Business

825 S.E. 47TH TERRACE
P.O. BOX 830
CAPE CORAL FL 33910

Mailing Address

825 S.E. 47TH TERRACE
P.O. BOX 830
CAPE CORAL FL 33910

3. Date Incorporated or Qualified
09/07/1988

3a. Date of Last Report
03/21/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0056898

Applied For

Not Applicable

22

27

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

24

29

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MOUDY, KIRK D.
825 S.E. 47TH TERRACE
CAPE CORAL FL 33904

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PTD

☐ DELETE

NAME

MOUDY, KIRK D.

STREET ADDRESS

610 S.E. 22ND ST.

CITY-ST-ZIP

CAPE CORAL FL

TITLE

SD

☐ DELETE

NAME

MOUDY, LINDA K.

STREET ADDRESS

610 S.E. 22ND ST.

CITY-ST-ZIP

CAPE CORAL FL

TITLE

D

☐ DELETE

NAME

AIDLIN, SAMUEL S.

STREET ADDRESS

5075 VILLAGE GARDEN DR

CITY-ST-ZIP

SARASOTA FL

TITLE

D

☐ DELETE

NAME

FRANTZ, DAVID

STREET ADDRESS

5750 OLD RANCK RD.

CITY-ST-ZIP

SARASOTA FL

TITLE

D

☐ DELETE

NAME

AIDLIN, STEPHEN H

STREET ADDRESS

1521 EASTBROOK DRIVE

CITY-ST-ZIP

SARASOTA FL

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LINDA K Moudy

1-12-96 9415425949

Date

Daytime Phone #

CR2E034 (12/95)