

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

FILED

Feb 25 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P20795 (1)
1. Corporation Name
GENERAL MORTGAGE CORPORATION OF AMERICA

Principal Place of Business 825 S.E. 47TH TERRACE P.O. BOX 930 CAPE CORAL FL 33910	Mailing Address 825 S.E. 47TH TERRACE P.O. BOX 930 CAPE CORAL FL 33910
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/07/1988	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0056898	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. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

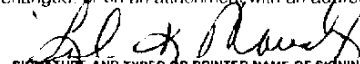
9. Name and Address of Current Registered Agent MOUDY, KIRK D. 825 S.E. 47TH TERRACE CAPE CORAL FL 33904		10. Name and Address of New Registered Agent	
		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		85	Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOUDY, KIRK D.	1.2 NAME	
STREET ADDRESS	610 S.E. 22ND ST.	1.3 STREET ADDRESS	825 SE 47TH TERRACE
CITY-ST-ZIP	CAPE CORAL FL	1.4 CITY-ST-ZIP	CAPE CORAL FL 33904
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOUDY, LINDA K.	2.2 NAME	
STREET ADDRESS	610 S.E. 22ND ST.	2.3 STREET ADDRESS	825 SE 47TH TERRACE
CITY-ST-ZIP	CAPE CORAL FL	2.4 CITY-ST-ZIP	CAPE CORAL FL 33904
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AIDLIN, SAMUEL S.	3.2 NAME	
STREET ADDRESS	5075 VILLAGE GARDEN DR	3.3 STREET ADDRESS	1642 BAYWOOD WAY
CITY-ST-ZIP	SARASOTA FL	3.4 CITY-ST-ZIP	SARASOTA FL 34231
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANTZ, DAVID	4.2 NAME	
STREET ADDRESS	5750 OLD RANCK RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AIDLIN, STEPHEN H	5.2 NAME	
STREET ADDRESS	1521 EASTBROOK DRIVE	5.3 STREET ADDRESS	1642 BAYWOOD WAY
CITY-ST-ZIP	SARASOTA FL	5.4 CITY-ST-ZIP	SARASOTA FL 34231
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	KAY AIDLIN
STREET ADDRESS		6.3 STREET ADDRESS	1642 BAYWOOD WAY
CITY-ST-ZIP		6.4 CITY-ST-ZIP	SARASOTA FL 34231

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.

SIGNATURE:  LINDA K MOUDY 02/18/98 941 542 5949

CR2E034 (10/97)