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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State . DIVISION OF CORPORATIONS

FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90018 007 ***150.00

DOCUN	MENT	#.	P20	795

1. Corporation Name

GENERAL MORTGAGE CORPORATION OF AMERICA

· - ;													
Principal Place	e of Business	Mailing Address					1 (BD((BD) (B ((B() 4	18121 18818 18		41911 B16[1	#(#)1 #)	411 81811 1081	
825 S.E. 47TH	TERRACE	825 S.E. 47TH TERRACE											
P.O. BOX 930		P.O. 80X 930					DO NOT WRITE IN THIS SPACE						
CAPE CORAL F	F 33910	CAPE CORAL FL 33910				3. Da	ate Incorporated or						
						0.0	9/07/1988						
2. Principal Pl	ace of Business	2a. Mailing Address					Number	,			Арр	lied For	
21		26				65	5-0056898				Not	Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					ertificate of Status C	Desired				dditional	
22		27				3. 00				F	e Rec	luired	
City & State	е	City & State				1 -	ection Campaign F	-	\Box			May Be	
23		28					ust Fund Contribut					Fees	
Zip	Country	Zip	Cour	ntry		1 -	nis corporation owe		ent year in	tangible Ye:		□No	
24	25	29	30				ersonal Property Ta ame and Address		Panistared				
	9. Name and Address of Curr	ent Registered Agent		81	Name	10. 140	ame and Address	Of the art	izgiotor ou	7.80//			
MOI	JDY, KIRK D.		L										
	S.E. 47TH TERRACE			82	Street A	ddress (P.O.	. Box Number is No	ot Accepta	ible)				
	E CORAL FL 33904		ŀ	83									
)	2 001112 1 2 0000 1												
				84	City				FL	85	Zip C	ode	
44 Purguant	to the provisions of Sections 607.0	502 and 607 1508 Florida Statut	es, the ab	oove-r	named c	orporation su	ubmits this stateme	ent for the	purpose of	f changi	ng its r	registered	
office or re	to the provisions of Sections 607.0 egistered agent, or both, in the Sta	ite of Florida. Such change was a	uthorized	by th	named corpor	orporation suration's board	ubmits this statement of directors. I her	ent for the reby accer	purpose of t the appo	f changi intment	ng its r as reg	registered jistered	
office or re	to the provisions of Sections 607.0 egistered agent, or both, in the Starn familiar with, and accept the obli	ite of Florida. Such change was a	uthorized	by th	named cone corpor	orporation suration's board	ubmits this stateme d of directors. I her	ent for the reby accep	purpose of t the appo	f changi intment	ng its r as reg	registered jistered	
office or re	egistered agent, or both, in the Sta m familiar with, and accept the obli	ite of Florida. Such change was a igations of, Section 607.0505, Flo	uthorized irida Statu	by th ites,	ne corpor	orporation suration's board	g of directors, I her	ent for the reby accer	purpose of the appo	f changi intment	ng its r as reg	registered jistered	
office or re agent. I a	egistered agent, or both, in the Sta m familiar with, and accept the obli Signature, typed or printed name of registered a	ite of Florida. Such change was a igations of, Section 607.0505, Flo	uthorized irida Statu	by th ites,	ne corpor	ration's board	g of directors, I her	reby accer	DATE			JISTO OU	
office or re agent. I a	egistered agent, or both, in the Sta m familiar with, and accept the obli Signature, typed or printed name of registered a	ite of Florida. Such change was a gations of, Section 607.0505, Floring agent and title if applicable. (NOTE	rida Statu	by th ites.	ne corpor	ration's board	d of directors. Ther	reby accer	DATE		ECTOR	JISIEI EU	
office or reagent. I all SIGNATURE	egistered agent, or both, in the Sta m familiar with, and accept the obli Signature, typed or printed name of registered a OFFICERS /	ite of Florida. Such change was a gations of, Section 607.0505, Floragent and title if applicable. (NOTE AND DIRECTORS	Registered /	Dy th ites. Agent s	ne corpor	ration's board	d of directors. Ther	reby accer	DATE	ND DIR	ECTOR	RS IN 12	
office or reagent. I as SIGNATURE 12.	egistered agent, or both, in the Sta m familiar with, and accept the obli Signature, typed or printed name of registered a OFFICERS	ite of Florida. Such change was a gations of, Section 607.0505, Floragent and title if applicable. (NOTE AND DIRECTORS	Registered / 13.	Agent s	ne corpor	ration's board	d of directors. Ther	reby accer	DATE	ND DIR	ECTOR	RS IN 12	
office or reagent. I at SIGNATURE 12. TITLE NAME	egistered agent, or both, in the Sta m familiar with, and accept the obli Signature, typed or printed name of registered a OFFICERS / PTD MOUDY, KIRK D.	ite of Florida. Such change was a gations of, Section 607.0505, Floragent and title if applicable. (NOTE AND DIRECTORS	Registered / 13. 1.1 TITI 1.2 NAI	Agent s	signature req	ration's board	d of directors. Ther	reby accer	DATE	ND DIRI	ECTOP ange	RS IN 12	
office or ragent, I al SIGNATURE 12. TITLE NAME STREET ADDRESS	egistered agent, or both, in the Sta m familiar with, and accept the obli Signature, typed or printed name of registered a OFFICERS / PTD MOUDY, KIRK D. 825 SE 47TH TERR	ite of Florida. Such change was a gations of, Section 607.0505, Floragent and title if applicable. (NOTE AND DIRECTORS	Registered / 13. 1.1 TITI 1.2 NAI	Agent s LE ME REET A	signature req	ration's board	d of directors. Ther	reby accer	DATE	ND DIR	ECTOP ange	RS IN 12	
office or ragent. I ai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the Sta m familiar with, and accept the obli Signature, typed or printed name of registered a OFFICERS / PTD MOUDY, KIRK D. 825 SE 47TH TERR CAPE CORAL FL 33904	ite of Florida. Such change was a gations of, Section 607.0505, Floring agent and title if applicable. (NOTE AND DIRECTORS	Registered / 13. 1.1 TITI 1.2 NAI 1.3 STF	Agent s LE ME REET AI	signature req	ration's board	d of directors. Ther	reby accer	DATE	ND DIRI	ECTOP ange	RS IN 12	
office or ragent. I all SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	egistered agent, or both, in the Starn familiar with, and accept the oblication of the starn familiar with, and accept the oblication of the starn o	ite of Florida. Such change was a gations of, Section 607.0505, Floring agent and title if applicable. (NOTE AND DIRECTORS	Registered / 13. 1.1 TITI 1.2 NA/ 1.3 STF 1.4 CIT 2.1 TITI 2.2 NA/	Agent s LE ME REET AI TY-ST-2 LE ME	signature req	ration's board	d of directors. Ther	reby accer	DATE	ND DIRI	ECTOP ange	RS IN 12	
office or ragent. I all SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	egistered agent, or both, in the Starn familiar with, and accept the oblication of the starn familiar with, and accept the oblication of the starn o	ite of Florida. Such change was a gations of, Section 607.0505, Floringent and title if applicable. (NOTE AND DIRECTORS	Registered / 13. 1.1 TITI 12 NAI 1.3 STF 1.4 CIT 2.1 TITI 2.2 NAI 2.3 STT	Agent s LE ME REET AI TY-ST-2 LE ME	asgnature required by DDRESS ZIP	ration's board	d of directors. Ther	reby accer	DATE	ND DIR	ECTOP ange	RS IN 12 Addition Addition	
office or ragent. I all SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	egistered agent, or both, in the Starn familiar with, and accept the oblication of the starn familiar with, and accept the oblication of the start o	ite of Florida. Such change was a gations of, Section 607.0505, Floring agent and title if applicable. (NOTE AND DIRECTORS	Registered / 13. 1.1 TITI 12 NAI 1.3 STF 1.4 CIT 2.1 TITI 2.2 NAI 2.3 STT	Agent s LE ME REET AI TY-ST-2 LE ME REET AI	asgnature required by DDRESS ZIP	ration's board	d of directors. Ther	reby accer	DATE	ND DIRI	ECTOP ange	RS IN 12	
office or ragent. I al SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CONTROL OF THE STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the Stam familiar with, and accept the oblication of the stam familiar with, and accept the oblication of the stamper of the st	ite of Florida. Such change was a gations of, Section 607.0505, Floringent and title if applicable. (NOTE AND DIRECTORS	Registered / 13. 1.1 TITI 1.2 NA/ 1.3 STF 1.4 CIT 2.1 TITI 2.2 NA/ 2.3 STF 2.4 CIT 2.4 CIT 2.4 CIT 2.1 CIT 2	Agent s LE ME REET AI TY-ST-2 LE ME REET AI TY-ST-1	asgnature required by DDRESS ZIP	ration's board	d of directors. Ther	reby accer	DATE	ND DIR	ECTOP ange	RS IN 12 Addition Addition	
office or ragent. I all signature 12. TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE	egistered agent, or both, in the Stam familiar with, and accept the oblication of the stam familiar with, and accept the oblication of the stamper of the st	ite of Florida. Such change was a gations of, Section 607.0505, Floringent and title if applicable. (NOTE AND DIRECTORS	13. 1.1 11. 12. 13. 14. 17. 14. 17.	Agent s LE ME REET AI IY-ST-1 LE ME REET AI IY-ST-1 LE ME REET AI MY-ST-1 LE ME	asgnature required by DDRESS ZIP	ration's board	d of directors. Ther	reby accer	DATE	ND DIR	ECTOP ange	RS IN 12 Addition Addition	
office or ragent. I all signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME	egistered agent, or both, in the Stam familiar with, and accept the oblication of the stam familiar with, and accept the oblication of the stamper of the st	ite of Florida. Such change was a gations of, Section 607.0505, Florida in the if applicable. (NOTE AND DIRECTORS DELETE DELETE	13. 1.1 IIII 2.2 NAI 2.3 STI 3.2 NAI 3.3 STI	Agent s LE ME REET AI IY-ST-1 LE ME REET AI IY-ST-1 LE ME REET AI MY-ST-1 LE ME	ADDRESS ADDRESS	ration's board	d of directors. Ther	reby accer	DATE	ND DIRI	ECTOF ange	RS IN 12 Addition Addition	
office or ragent. I all SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	egistered agent, or both, in the Stam familiar with, and accept the oblication of the stam familiar with, and accept the oblication of the stamper of the st	ite of Florida. Such change was a gations of, Section 607.0505, Floringent and title if applicable. (NOTE AND DIRECTORS	13. 1.1 IIII 2.2 NAI 2.3 STI 3.2 NAI 3.3 STI	Agent's Agent's LE ME REET AI TY-ST-2 LE TY-ST-2 LE ME REET AI TY-ST-1 LE ME REET AI TY-ST-1 REET AI TY-ST-1	ADDRESS ADDRESS	ration's board	d of directors. Ther	reby accer	DATE	ND DIR	ECTOF ange	RS IN 12 Addition Addition	
office or ragent. I all SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the Stam familiar with, and accept the oblishment of registered and of printed name of registered name of printed name of registered name of printed name of registered name of register	ite of Florida. Such change was a gations of, Section 607.0505, Florida in the if applicable. (NOTE AND DIRECTORS DELETE DELETE	13. 1.1 IIII 12 NAI 13 STF 1.4 CIT 2.1 NIII 2.2 NAI 2.3 STT 2.4 CII 3.3 STF 3.4 CII 3.4 CII 3.5 NAI 3.5 STF 3.4 CII 3.4 CII 3.5 NAI 3.5 STF 3.5 CII	Agent's Age	ADDRESS ADDRESS	ration's board	d of directors. Ther	reby accer	DATE	ND DIRI	ECTOF ange	RS IN 12 Addition Addition	
office or ragent. I all signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	egistered agent, or both, in the Stam familiar with, and accept the oblimation of the printed name of registered a OFFICERS APTD MOUDY, KIRK D. 825 SE 47TH TERR CAPE CORAL FL 33904 SD MOUDY, LINDA K. 825 SE 47TH TERR CAPE CORAL FL 33904 D AIDLIN, SAMUEL S. 1642 BAYWOOD WAY SARASOTA FL 34231 D FRANTZ, DAVID 5750 OLD RANCK RD.	ite of Florida. Such change was a gations of, Section 607.0505, Florida in the if applicable. (NOTE AND DIRECTORS DELETE DELETE	13. 1.1 IIII 12 NA/ 13. STF 14 CIT 2.1 IIII 2.2 NA/ 2.3 STF 3.1 IIII 3.2 NA/ 3.3 STF 3.4 CIT 4.1 IIII 4.2 NA/ 4.1 IIII	Dy the state of th	ADDRESS ADDRESS	ration's board	d of directors. Ther	reby accer	DATE	ND DIRI	ECTOF ange	RS IN 12 Addition Addition	
office or ragent. I all signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	egistered agent, or both, in the Stam familiar with, and accept the oblishment of registered and of printed name of registered name of printed name of registered name of printed name of registered name of register	ite of Florida. Such change was a gations of, Section 607.0505, Floringent and title if applicable. (NOTE AND DIRECTORS DELETE DELETE	13. 1.1 IIII 12 NA/ 13. STF 1.4 CIT 2.1 NA/ 2.3 STF 2.4 CIT 3.1 IIII 3.2 NA/ 3.3 STF 3.4 CIT 4.2 NA/ 4.3 STF 4.4 CIT 4.4 CIT 4.2 NA/ 4.3 STF 4.4 CIT 4	Agent's Agent's LE ME REET AI ITY-ST-2 LE ME REET AI ITY-ST-1 LE AME REET AI ITY-ST-1 LE AME REET AI ITY-ST-1 REET AI ITY-ST-1 REET AI ITY-ST-1 REET AI ITY-ST-1	ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS	ration's board	d of directors. Ther	reby accer	DATE	ND DIRI	ECTOF ange ange	RS IN 12 Addition Addition Addition	
office of ragent. I ai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	egistered agent, or both, in the Stam familiar with, and accept the oblimation of familiar of familiar with, and accept the oblimation of familiar of familiar with a familiar of familiar with a familiar of familiar of familiar of familiar oblimation of familiar of familiar oblimation oblimation of familiar oblimation of familiar oblimation	ite of Florida. Such change was a gations of, Section 607.0505, Florida in the if applicable. (NOTE AND DIRECTORS DELETE DELETE	13. 1.1 IIII 12 NAI 13 STF 14 CIT 2.1 IIII 2.2 NAI 2.3 STF 2.4 CIT 3.1 IIIII 3.2 NAI 3.3 STF 3.4 CIT 4.1 TITI 4.2 NAI 5.1 TITI 4.2 NAI 5.1 TITI 5. T	Agent's Agent's LE ME REET AI TY-ST-1 LE ME REET AI TY-ST-1 LE AME REET AI TY-ST-1 LE AME REET AI TY-ST-1 LE AME REET AI TY-ST-1 LE	ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS	ration's board	d of directors. Ther	reby accer	DATE	ND DIRI	ECTOF ange ange	RS IN 12 Addition Addition	
office of ragent. I ai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the Stam familiar with, and accept the oblimation of familiar of	ite of Florida. Such change was a gations of, Section 607.0505, Floringent and title if applicable. (NOTE AND DIRECTORS DELETE DELETE	13. 1.1 IIII 12 NA/ 13 STF 1.4 CIT 2.1 NAI 2.3 STF 2.4 CIT 3.1 IIII 3.2 NA/ 3.3 STF 3.4 CIT 4.1 TIT 4.2 NA/ 5.1 TIT 5.2 NA/ 5.2 TIT 5.	Agent's Age	ADDRESS	ration's board	d of directors. Ther	reby accer	DATE	ND DIRI	ECTOF ange ange	RS IN 12 Addition Addition Addition	
office of ragent. I ai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	egistered agent, or both, in the Stam familiar with, and accept the oblication of the stam familiar with, and accept the oblication of the stam familiar with, and accept the oblication of the stamped of registered is of the stamped of the stamped of registered is of the stamped of the stamp	ite of Florida. Such change was a gations of, Section 607.0505, Floringent and title if applicable. (NOTE AND DIRECTORS DELETE DELETE	13. 1.1 IIII 12 NAI 13. STF 1.4 CIT 2.1 TIIII 2.2 NAI 2.3 STF 3.4 CIT 3.4 CIT 4.2 NAI 3.5 STF 4.4 CIT 5.1 TIIII 4.2 NAI 4.3 STF 4.4 CIT 5.1 TIIII 5.2 NAI 5.3 STF 5.3 STF	Agent's Agent's Agent's Agent's Agent's Agent's Agent's ME REET AI TY-ST LE MME REET AI TY-ST LE AMME REET AI	ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS	ration's board	d of directors. Ther	reby accer	DATE	ND DIRI	ECTOF ange ange	RS IN 12 Addition Addition Addition	
office of ragent. I all SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	egistered agent, or both, in the Stam familiar with, and accept the oblishment of registered and of printed name of printe	ité of Florida. Such change was a gations of, Section 607.0505, Floringent and title if applicable. (NOTE AND DIRECTORS DELETE DELETE DELETE	13. 1.1 IIII 12 NA/ 13. STF 1.4 CIT 2.1 NA/ 2.3 STF 3.4 CIT 4.2 NA/ 3.5 STF 4.4 CIT 5.1 IIII 5.2 NA/ 5.3 STF 5.4 CIT 5.4 CIT 5.5 CIT 5.6 CIT 5.6 CIT 5.6 CIT 5.7 STA	Agent's Age	ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS	ration's board	d of directors. Ther	reby accer	DATE	ND DIR	ECTOF ange ange ange	RS IN 12 Addition Addition Addition Addition Addition	
office of ragent. I all SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	egistered agent, or both, in the Stam familiar with, and accept the oblishment of registered and of printed name of printe	ite of Florida. Such change was a gations of, Section 607.0505, Floringent and title if applicable. (NOTE AND DIRECTORS DELETE DELETE	13. 1.1 IIII 12 NAI 13. STF 14 CIT 2.1 TIII 2.2 NAI 2.3 STF 3.4 CIT 4.1 TIII 4.2 NAI 5.3 STF 4.4 CIT 5.1 TIII 5.2 NAI 6.1 TII 5.4 CIT 6.1 TII	Agent's Age	ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS	ration's board	d of directors. Ther	reby accer	DATE	ND DIRI	ECTOF ange ange ange	RS IN 12 Addition Addition Addition	
office of ragent. I all SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	egistered agent, or both, in the Stam familiar with, and accept the oblishment of registered and of printed name of printe	ité of Florida. Such change was a gations of, Section 607.0505, Floringent and title if applicable. (NOTE AND DIRECTORS DELETE DELETE DELETE	13. 1.1 TITI 1.2 NAI 1.3 STF 1.4 CIT 2.1 TITI 3.2 NAI 3.3 STF 3.4 CIT 4.1 TITI 5.2 NAI 5.3 STF 5.4 CIT 5.1 TITI 5.2 NAI 5.3 STT 6.2 NAI 6.2	Agent s Age	ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS	ration's board	d of directors. Ther	reby accer	DATE	ND DIR	ECTOF ange ange ange	RS IN 12 Addition Addition Addition Addition Addition	

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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

RELINDAR MOUDY/SECRETARY