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.)

CORPORATION ANNUAL REPORT

1996



ELÓRIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #	P92000003150	(9)
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GENEVA MORTGAGE FUNDING, INC.

Principa! Place of Business Mailing Address 1700 N. UNIVERISTY DR. 1700 N. UNIVERISTY DR. STE. #200 STE. #200 **CORAL SPRINGS FL 33071 CORAL SPRINGS FL 33071** 3. Date incorporated or Qualified 3a. Date of Last Report US 11/09/1992 05/01/1995 2. Principal Place of Business Mailing Address 4. FEI Number Applied For 21 8010 NIUNIVERSI P.O. BOX 65-0364210 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 3015 8594 30 BROWHED 8. This corporation has liability for intangible tax under s. 199 032. No ∐ No Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent GREENBERG, STEPHEN A 1700 N. UNIVERSITY DR. STE. #200 83 CORAL SPRINGS FL 33071 84 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. Thereby accept the appointment as registered agent. Lam latituda. With, and accept the obligations of Section 607.0505, Florida Statutes. SIGNATURE (NOTE: By gistered Agent signature required when reinstating) गांट of registered agent को इस्सान प्रकाशास्त्र OF FICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. (3/96) DELETE TITLE 1.1 TITLE NAME GREENBERG, STEPHEN A 1.2 NAME SOID NIGHWERENY DR. , 2 HA CR2E034 STREET ADDRESS 1700 N. UNIVERSITYY DR., #200 1.3 STREET ADDRESS TAMARAC, FL 33371 CORAL SPRINGS FL 33071 CITY-ST-ZIP 1.4 CITY - \$T - ZIP DELETE TITLE 2.1 TiTLE Change Addition NAME 2.2 NAME STREET ADDRESS 23 STREET ADORESS CITY - ST-ZIP 2 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TiTLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - S1 - ZIP 34 CITY-ST-ZIP DELETE TITLE 4 1 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4 3 STREET ADDRESS CITY-ST-ZIP 4.4 CiTY - ST-ZIP DELETE TITLE 5.1 TITLE Change ____ Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP TITLE DELETE 61 TITLE Change Addition NAME 62 NAME STREET ADDRESS 63 STREET ADDRESS CITY - ST - ZIP 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)(x), Fiorida Statules 1 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 617, Florida Statutes, and with an address

SIGNATURE:

7-16-96 (954) 346-9525