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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P9200003150 (9)

GENEVA MORTGAGE FUNDING, INC.

Principal Place of Business 8010 N UNIVERSITY DR 2ND FL TAMARAC FL 33321 US 2. Principal Place of Business 21 Suite, Apt. #, etc 22 City & State 23 Zip Country 24 25 9. Name and Address of Cur. GREENBERG, STEPHEN A 8010 N UNIVERSITY DR 2ND FL TAMARAC FL 33321 11. Pursuant to the provisions of Sections 607.3 office or registered agent, or both, in the St agent I am familiar with, and accept the ob- SIGNATURE Stgenture, type of or printed name of registered.		Mailing Address PO BOX 8594 STE. #200 CORAL SPRINGS FL 33075-8594 US			
				3. Date Incorporated or Qualifie 11/09/1992	od 3a. Date of Last Report 07/16/1996
r	lace of Business	2a. Mailing Address		4, FEI Number 65-0364210	Applied Fo
Suite, Apt	#, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additiona
City & Stat	e	City & State		6. Election Campaign Financing	\$5.00 May Be
Ζ(ρ)	h - m	28 Zip	Country		Added to Fees for intangible tax under s. 199.032
24		29	30	Florida Statutes	Yes No
		rrent Hegistered Agent	61 Name	10. Name and Address of New	registered Agent
8010 N UNIVERSITY DR 2ND FL				ddress (P.O. Box Number is Not Accep	stable)
			84 City		FL 85 Zip Code
SIGNATURE	Signature, typed or printed name of tegescere	of agent and ide if applicable - {	NOTE Registered Agent signature re	quired when reinstating)	DATE
	D	DELETE	13.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12 Change
TOLE	GREENBERG, STEPHEN A	•	1.1 THILE		L blange L Add
NAME Contractors	8010 N UNIVERSITY DR 21		1.2 NAME		
SPREEL ADDRESS	TAMARAC FL	1011	1.3 STREET ADDRESS		
CPY-ST-7# DILE	INITIALIZA I E	DELETE	14 CHY+SY-ZIP 2.1 TITLE		Change Add
NAME			22 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		unit de la companya d
CITY-ST 70			2. 4 CITY-ST-ZIP		
1018		DELETE	3.1 TITLE		☐ Change ☐ Ado
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
City - ST- 7IP			3.4. CHTY-ST-ZIP		
THE		DELETE	4.1 TITLE		Change Add
NAME			4. 2 NAME		
STRUET ADDRESS			4.3 STREET ADDRESS		
011Y - \$1 - 20P			4.4 CITY-ST-ZIP		
T:TLF	7 . 14 /19/	DELETE	5.1 TITLE		Change Ado
NAME			5 2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CHTY - S1 - 74P			5.4 CITY-ST-ZIP		
TILLE		☐ DELETE	6.1 TITLE	1	☐ Change → ☐ Ado
NAME:			6.2 NAME		
STREET ADDRESS			6 3 STREET ADDRESS		
CITY-S - 7P			6.4 CITY-ST-ZIP		

SIGNATURE: STEPHEN A. GREENERS 3/

14. I do 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.

97 959346732 Baytine Facility

FILED

Apr 04 1997 8:00am

Secretary of State