PROFIT CORPORATION -ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9200003150

1. Corporation Name

GENEVA MORTGAGE FUNDING, INC.

Principal Plac	e of Business	Mailing Add	dress					
8010 N UNIVER	rsity dr	PO BOX 85						
2ND FL CORAL SPRINGS FL 33075-8. TAMARAC FL 33321 US				594		DO NOT WRITE IN TH	S SPACE	
US						3. Date Incorporated or Qualifed	_	
03	•					11/09/1992		
2 Principal P	Place of Business	2a. Mailing	Address			4. FEI Number	Apr	lied For
21	lace of Basilloss	26				65-0364210	<u> </u>	Applicable
Suite Apt.	. #. etc.					_	\$8.75 A	dditional
27					5. Certifcate of Status Desired	Fee Re	quired	
- City & Stat	terr	City & :	State .	-	-	6. Election Campaign Financing	\$5.00	May Be
23	•	28				Trust Fund Contribution	Added to	
Zip	Country	Zip		Country	·	8. This corporation owes the current year	ntangible	
24	25	29	3	0		Personal Property Tax.	Yes	□No
	9. Name and Address of Cur	rent Registered A	jent			10. Name and Address of New Registere	Agent	
				81	Name			ļ
	Enberg, Stephen A			82	Street Add	ress (P.O. Box Number is Not Acceptable)		~
	O N UNIVERSITY DR			02	Direct riddi			
2ND				83				
TAM	IARAC FL 33321			24	0''		. 85 Zip C	·ada
				84	City	F	L 85 Zip C	.000
11. Pursuant	to the provisions of Sections 607.0	0502 and 607.1508,	Florida Statutes	, the above	e-named corp	oration submits this statement for the purpose	of changing its	registered
office or i	registered agent, or both, in the 6ta	ate of Florida. Such	change was auti	horized by la Statutes	the corporation	on's board of directors. I hereby accept the app	ointment as reg	pistered
}			TEPHEN	1 4	1000	Hook Decinent	- 2/2 /	99
SIGNATURE	Alguators, reped or printed name of registered	agent and title if applicable		egistered Agen	it signature require	d when reinstating) DATE	- 2/ * * \	
12.	OFFICERS	AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	
TITLE	D		☐ DELETE	1.1 TITLE			Change	☐ Addition
NAME	GREENBERG, STEPHEN A			1.2 NAME				
STREET ADDRESS		D FL		1.3 STREET	F ADDRESS			}
CITY-ST-ZIP	TAMARAC FL			1.4 CITY-S	T-ZIP			
TILE			DELETE	2.1 TITLE			☐ Change	Addition
NAME	1			2.2 NAME				
STREET ADDRESS	,}			2.3 STREET	TADORESS .			ì
C/TY-ST-ZIP	1			2. 4 CITY-S	:τ-7!P			}
TITLE			DELETE	3.1 TITLE	:		Change	☐ Addition
NAME				3.2 NAME	- '		-1	•
STREET ADDRESS				3.3 STREET	TADDRESS			1
CITY-ST-ZIP	ή							
TITLE				34 CITY-S				
NAME			DELETE	3.4. CITY-S 4.1 TITLE			☐ Change	Addition
			☐ DELETE	4,1 TITLE			☐ Change	Addition
Į.			DELETE .	4.1 TITLE 4. 2 NAME	ST-ZIP		☐ Change	☐ Addition
STREET ADDRESS			☐ DELETE	4.1 TITLE 4. 2 NAME 4.3 STREET	T-ZIP		☐ Change	☐ Addition
STREET ADDRESS				4.1 TITLE 4. 2 NAME 4.3 STREET 4.4 CITY-S	T-ZIP			Addition
STREET ADDRESS CITY-ST-ZIP TITLE			DELETE .	4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE	T-ZIP		☐ Change	
STREET ADDRESS CITY-ST-ZIP TITLE NAME				4.1 TITLE 4. 2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME	T ADDRESS			
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS				4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME 6.3 STREET	T ADDRESS T-ZIP T ADDRESS			
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			. DELETE	4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-S	T ADDRESS T-ZIP T ADDRESS		`	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE				4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S' 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-S' 6.1 TITLE	T ADDRESS T-ZIP T ADDRESS			
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			. DELETE	4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-S 6.1 TITLE 6.2 NAME	T ADDRESS T-ZIP T ADDRESS		`	Addition

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 opporation 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

Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90094 043 ***150.00