

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

FILED

May 07 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000044197 (9)

1. Corporation Name
GLOBAL MORTGAGE COMPANY

Principal Place of Business
6306 PEMBROKE RD
HOLLYWOOD FL 33023
US

Mailing Address
6303 PEMBROKE RD
HOLLYWOOD FL 33023-2217
US



2. Principal Place of Business

21 6306 PEMBROKE ROAD

Suite, Apt. #, etc.

22 HOLLYWOOD

City & State

23 FL

Zip

24 33023

Country

25 FLORIDA

2a. Mailing Address

26 6306 PEMBROKE ROAD

Suite, Apt. #, etc.

27 HOLLYWOOD

City & State

28 FL

Zip

29 33023

Country

30 FLORIDA

3. Date Incorporated or Qualified
06/09/1994

3a. Date of Last Report
08/14/1996

4. FEI Number
65-0440466

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HANSE, NOVEL ETT
6306 PEMBROKE RD
HOLLYWOOD FL 33023

10. Name and Address of New Registered Agent

81 Name NOVELETTE F. HANSE
82 Street Address (P.O. Box Number is Not Acceptable)
6306 PEMBROKE ROAD
83
84 City HOLLYWOOD FL 85 Zip Code 33023

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3-15-97

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HANSE, NOVEL ETT	
STREET ADDRESS	6100 MIRAMAR PARKWAY	
CITY - ST - ZIP	MIRAMAR FL 33023	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	WAGGIE, WAYNE	
STREET ADDRESS	6100 MIRAMAR PARKWAY	
CITY - ST - ZIP	MIRAMAR FL 33023	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT/SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	6306 PEMBROKE ROAD	
1.3 STREET ADDRESS	HOLLYWOOD FL 33023	
1.4 CITY - ST - ZIP	NOVELETTE F. HANSE	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

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 my address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-15-97 954-967-9800

CR2E034 (9/96)