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

**PROFIT CORPORATION** ANNUAL REPORT

**19**98



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000044197 (9)

**GLOBAL MORTGAGE COMPANY** 

Principal Place of Business

Mailing Address

**FILED** May 20 1998 8:00am Secretary of State



6308 PEMBROKE RD HOLLYWOOD FL 33023 US 6303 PEMBROKE RD HOLLYWOOD FL 33023 US					DO NOT WRITE IN THIS  3. Date incorporated or Qualified	S SPACE		
2. Principal Place of Business 2a. Mailing Address.					06/09/1994 4. FEI Number		Applied For	
21 630	6 PEMBRORG RS	26 6306 PEM	BROLO	e Rs	65-0440466	· · · · · ·	Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certificate of Status Desired	\$8.7	5 Additional Required	
City & State  28 HOLLY W WO S  28 HOLLY W WO S			da		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
21 33023 Country 22 33023 30 Courted A 29 33023 30 F				ousa		Yes	Intangible No	
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent			
TIVINGE, NOVEL EVE				or Name				
HOLLYWOOD FL 33023				82 Street Address (P.O. Box Number is Not Acceptable) 83				
			63					
			84	City	F	85 Z	ip Code	
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, in the State of Provida. 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 appointment as registered Statutes.  SIGNATURE  Signature, typed or printed agent and title it applicable. (NOTE Registered Agent signature required when reinstating)  DATE  DATE								
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECT		
TITLE	PS	DELETE	1.1 TITLE			Chang	ge 🗌 Addition	
NAME	HANSE, NOVEL ETTE		1.2 NAME	ľ				
STREET ADDRESS	6306 PEMBROKE RD HOLLYWOOD FL			ADDRESS	·			
CITY-ST-ZIP TITLE	HOLL(WOOD FL	DELETE	14 CHY-S 21 THLE	31 - ZIP		Chang	xe □ Addition C	
NAME			2.2 NAME	ŀ		L. J Ollang	, Augusta	
STREET ADDRESS			2.2 MANIE 2.3 STREET	ADDRESS.			1	
CITY-ST-ZIP			2. 4 CITY-					
TITLE		DELETE	3.1 TITLE			Chang	e Addition	
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREET	ADDRESS				
CITY-ST-ZIP			3.4. CITY-	ST-71P				
TITLE		☐ DELETE	4.1 TITLE			Chang	je 🔲 Addition	
NAME			4. 2 NAME	1			ļ.	
STREET ADDRESS				ADDRESS			ļ	
CITY-ST-ZIP		DELETE	4.4 CITY - S	ST - ZiP		Chang	e Addition	
TITLE		□ nective	5.1 TITLE 5.2 NAME			L Chally	AUGRION	
NAME Street address			5.3 STREET	ADDBECC			ļ	
CITY-ST-ZIP			5.4 CITY - S	l			Į.	
TITLE		DELETE	6.1 TITLE	,, <u>E</u> II		☐ Chang	je Addition	
NAME		<del></del>	6.2 NAME			_ •	_	
STREET ADDRESS			6.3 STREET	ADDRESS				
CITY-ST-ZIP			64 CITY-S					

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 opportunitachment with an address.