

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED

98 NOV 10 AM 10:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000047619

1. Corporation Name

Florida Guarantee Mortgage Co., Inc
6100 Hollywood Blvd. Suite 309
Hollywood, Florida, 33024

Principal Place of Business

Mailing Address

SAME AS ABOVE

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

8-95

4. FEI Number

59-3334221

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 owes or has paid the current year intangible
Personal Property Tax due June 30.

☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Florida/same as above 22 same as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 309

27

City & State

City & State

23 Hollywood, FL

23

Zip Country

Zip Country

24 33024

25 broward

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

W.H. McCaulley C.P.A.
5100 NW. 33ave.
Ft. Lauderdale, FL 33309

81 Name

Frank Garcia (Vice President)

82 Street Address (P.O. Box Number is Not Acceptable)

16115 sw. 9 st.

83

84 City

Pembroke Pines,

FL

85 Zip Code

33027

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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]
Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

Nov.09, 1998

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE President ☐ DELETE
NAME Robert Garcia
STREET ADDRESS 2801 Ponce de Leon Blvd.
CITY-ST-ZIP Coral Gables, FL 33134

TITLE Frank Garcia V.P. ☐ DELETE
NAME
STREET ADDRESS 2801 Ponce de Leon Blvd.
CITY-ST-ZIP Coral Gables, FL 33134

TITLE Secretary ☐ DELETE
NAME Frank Garcia
STREET ADDRESS 2801 Ponce de Leon Blvd.
CITY-ST-ZIP Coral gables, FL 33134

TITLE Treasurer ☐ DELETE
NAME Robert Garcia
STREET ADDRESS 2801 Ponce de Leon Blvd.
CITY-ST-ZIP Coral Gables, FL 33134

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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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 on an attachment with an address.

SIGNATURE:

[Signature]

11-09-98

DATE