

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000047619**

1. Corporation Name

FLORIDA GUARANTEE MORTGAGE COMPANY, INC.

FILED
Sep 23, 1999 8:00 am
Secretary of State

09-23-1999 90009 011 ***558.75



Principal Place of Business

6100 HOLLYWOOD BLVD.
SUITE 309
HOLLYWOOD FL 33024

Mailing Address

6100 HOLLYWOOD BLVD.
SUITE 309
HOLLYWOOD FL 33024

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 **SAME**

2a. Mailing Address

26 **SAME**

Suite, Apt. #, etc.

22 **SUITE 500**

Suite, Apt. #, etc.

27 **SUITE 500**

City & State

23 **SAME HOLLYWOOD Fla.**

City & State

28 **SAME**

Zip

24 **33024**

Country

25 **BROWARD**

Zip

29 **SAME**

Country

30 **SAME**

3. Date Incorporated or Qualified

06/19/1995

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 the current year
Intangible Personal Property.



Yes ☐ No

9. Name and Address of Current Registered Agent

GARCIA, FRANK
16115 SW 9 ST
PEMBROKE PINES FL 33027

10. Name and Address of New Registered Agent

81 Name

SAME

82

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

SAME

83

SAME

84

City

SAME

FL

85

Zip 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, 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

8-5-99

12. OFFICERS AND DIRECTORS

TITLE **PT** ☐ DELETE
NAME **GARCIA, ROBERT**
STREET ADDRESS **6100 HOLLYWOOD BLVD. #309**
CITY-ST-ZIP **HOLLYWOOD FL 33024**

TITLE **VPS** ☐ DELETE
NAME **GARCIA, FRANK**
STREET ADDRESS **6100 HOLLYWOOD BLVD. #309**
CITY-ST-ZIP **HOLLYWOOD FL 33024**

TITLE ☐ DELETE
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **ROBERT GARCIA PT** ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **6100 HOLLYWOOD BLVD SUITE 500**
1.4 CITY-ST-ZIP **HOLLYWOOD, Fla. 33024**

2.1 TITLE **FRANK GARCIA VPS** ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **6100 HOLLYWOOD BLVD SUITE 500**
2.4 CITY-ST-ZIP **HOLLYWOOD, Fla. 33024**

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

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

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

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-5-99

Date

954-894-0000

Daytime Phone #

CR2E034 (5/99)

0025654