

**PROFIT CORPORATION ANNUAL REPORT 1999**



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

**FILED**  
 99 MAY 25 AM 9:13  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT # P97000070427**

1. Corporation Name  
**GERMAN MORTGAGE CORP.**  
**GERMAN REAL ESTATE & MORTGAGE CORP.**

Principal Place of Business Mailing Address  
 621 EAST CAPE CORAL PARKWAY SUITE 4-11 CAPE CORAL FL 33904  
 1420 SOUTHEAST 3RD STREET CAPE CORAL FL 33990

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**08/14/1997**

4. FEI Number  
**65-0777041**

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 Tax.  Yes  No

2. Principal Place of Business 2a. Mailing Address

21 **1710 EAST CAPE CORAL P.** 26 **1710 EAST CAPE CORAL P.**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

22 City & State 27 City & State  
**CAPE CORAL, FLORIDA** **CAPE CORAL, FLORIDA**

23 Zip 28 Country 29 Zip 30 Country  
**33904** **USA** **33904** **USA**

9. Name and Address of Current Registered Agent  
**H S BLAIR & ASSOCIATES INC**  
**1505 SE 40TH STREET**  
**SUITE C**  
**CAPE CORAL FL 33904**

10. Name and Address of New Registered Agent

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City **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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)

**12. OFFICERS AND DIRECTORS**

TITLE	<b>PSTD</b>	<input type="checkbox"/> DELETE
NAME	<b>RIEDLINGER, THOMAS</b>	
STREET ADDRESS	<b>621 EAST CAPE CORAL PARKWAY</b>	
CITY-ST-ZIP	<b>CAPE CORAL FL 33904</b>	
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	<b>PSTD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>RIEDLINGER, THOMAS</b>	
1.3 STREET ADDRESS	<b>1710 EAST CAPE CORAL PKWY.</b>	
1.4 CITY-ST-ZIP	<b>CAPE CORAL FL 33904</b>	
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 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, with all other like empowered.

SIGNATURE: THOMAS RIEDLINGER 04-15-97 945-3899  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #