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PROFIT CORPORATION ANNUAL REPORT 1999



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

FILED

00 APR 21 PM 12:03

SECRETARY OF STATE TALLAHASSEE, FLORIDA



DOCUMENT # P98000096017

1. Corporation Name GH RIVER MORTGAGE CORPORATION

Principal Place of Business 877 NW 61ST STREET FORT LAUDERDALE FL 33309

Mailing Address 877 NW 61ST STREET FORT LAUDERDALE FL 33309

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/10/1998

2. Principal Place of Business 2648 NW 86 AVENUE Suite, Apt. #, etc.

2a. Mailing Address 2648 NW 86 AVENUE Suite, Apt. #, etc.

4. FEI Number 65 0874604

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State CORAL SPRINGS FL

City & State CORAL SPRINGS FL

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip 33065 Country US

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8. This corporation owes the current year Intangible Personal Property Tax. No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PETERS, JOSEPH 877 NW 61ST STREET FORT LAUDERDALE FL 33309

81 Name PETERS, JOSEPH

82 Street Address (P.O. Box Number is Not Acceptable) 2648 NW 86 AVENUE

83

84 City CORAL SPRINGS FL 85 Zip Code 33065

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

(NOTE: Registered Agent signature required when reinstating)

DATE 3/9/00

Table with 12 rows and 2 columns: OFFICERS AND DIRECTORS. Includes fields for Title, Name, Street Address, City-ST-ZIP, and a DELETE checkbox.

Table with 13 rows and 2 columns: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Includes fields for Title, Name, Street Address, City-ST-ZIP, and checkboxes for Change and Addition.

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: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 3/9/00 Daytime Phone # 954 344-0074

CR2E034 (1/198)