

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 216087 (7)

1. Corporation Name
AMERICAN MORTGAGE FINANCIAL CORPORATION



Principal Place of Business: 5912 NORTH DEAN ROAD ORLANDO FL 32817
Mailing Address: 5912 NORTH DEAN ROAD ORLANDO FL 32817

2. Principal Place of Business: 21 5912 N. DEAN RD, 22 ORL FL, 23 ORL FL, 24 32817, 25
2a. Mailing Address: 26 5912 N. DEAN RD, 27 ORL FL, 28, 29 32817, 30

3. Date Incorporated or Qualified: 10/06/1958
3a. Date of Last Report: 04/13/1995
4. FEI Number: 59-0864709
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 has liability for intangible tax under s. 109.032, Florida Statutes: No Yes
10. Name and Address of New Registered Agent: NO ASSETS

9. Name and Address of Current Registered Agent
COHEN, FRED
5912 NORTH DEAN ROAD
ORLANDO FL 32817

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 607.07(2) and 607.15(5), 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, hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.09(5), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS
1. TITLE: PD
2. NAME: COHEN, FREDERICK
3. STREET ADDRESS: 5912 NORTH DEAN ROAD
4. CITY-ST-ZIP: ORLANDO FL
5. TITLE: [] DELETE
6. NAME: [] DELETE
7. STREET ADDRESS: [] DELETE
8. CITY-ST-ZIP: [] DELETE
9. TITLE: [] DELETE
10. NAME: [] DELETE
11. STREET ADDRESS: [] DELETE
12. CITY-ST-ZIP: [] DELETE
13. TITLE: [] DELETE
14. NAME: [] DELETE
15. STREET ADDRESS: [] DELETE
16. CITY-ST-ZIP: [] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE: [] Change [] Addition
2. NAME: [] Change [] Addition
3. STREET ADDRESS: [] Change [] Addition
4. CITY-ST-ZIP: [] Change [] Addition
5. TITLE: [] Change [] Addition
6. NAME: [] Change [] Addition
7. STREET ADDRESS: [] Change [] Addition
8. CITY-ST-ZIP: [] Change [] Addition
9. TITLE: [] Change [] Addition
10. NAME: [] Change [] Addition
11. STREET ADDRESS: [] Change [] Addition
12. CITY-ST-ZIP: [] Change [] Addition
13. TITLE: [] Change [] Addition
14. NAME: [] Change [] Addition
15. STREET ADDRESS: [] Change [] Addition
16. CITY-ST-ZIP: [] Change [] Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 name or business is authorized to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this change form or application with my address.

SIGNATURE: Fred Cohen Pres. 4/10/96 407 679-1980
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #

CR2E034 (12/95)