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**Jan 15 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # F94000002110 (4)

1. Corporation Name
ALLIED MORTGAGE CAPITAL CORPORATION



Principal Place of Business

**10801 GRANT RD #211
HOUSTON TX 77070
US**

Mailing Address

**P.O. BOX 691488
HOUSTON TX 77269-1488
US**

3. Date Incorporated or Qualified 04/22/1994	3a. Date of Last Report 01/26/1996
4. FEI Number 76-0340141	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip

25 Country

2a. Mailing Address

26 **P.O. Box 691488**

27 Suite, Apt. #, etc.

28 City & State

Houston, Texas

29 Zip

77269-1488

30 Country

US

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD
PLANTATION FL 33324**

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 _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CV	1.1 TITLE	EVP
NAME	HODGE, JIM C	1.2 NAME	GUYMON, CHARLIE S.
STREET ADDRESS	10601 GRANT RD #211	1.3 STREET ADDRESS	10601 GRANT RD., #211
CITY- ST- ZIP	HOUSTON TX	1.4 CITY- ST- ZIP	HOUSTON, TX 77070
TITLE	P	2.1 TITLE	
NAME	HODGE, JAMEY	2.2 NAME	
STREET ADDRESS	10601 GRANT RD #211	2.3 STREET ADDRESS	
CITY- ST- ZIP	HOUSTON TX	2.4 CITY- ST- ZIP	
TITLE	S	3.1 TITLE	
NAME	TAYLOR, MICHELLE	3.2 NAME	
STREET ADDRESS	10601 GRANT RD.#211	3.3 STREET ADDRESS	
CITY- ST- ZIP	HOUSTON TX	3.4 CITY- ST- ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

14. I do 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: *Charlie Guymon* **281/ 890-5554**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)