

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90149 026 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F94000002110**

1. Corporation Name  
**ALLIED MORTGAGE CAPITAL CORPORATION**



Principal Place of Business 10601 GRANT RD #211 HOUSTON TX 77070 US	Mailing Address PO BOX 691488 HOUSTON TX 77269-1488 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>6110 Pine mont #215</b> Suite, Apt. #, etc.		2a. Mailing Address 27 Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>04/22/1994</b>	
22 City & State 23 <b>Houston TX</b>		28 City & State		4. FEI Number <b>76-0340141</b> Applied For <input type="checkbox"/> Not Applicable	
24 Zip <b>77092</b>		25 Country <b>Harris</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
29 Zip		30 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
9. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM                  1200 S. PINE ISLAND RD                  PLANTATION FL 33324</b>				8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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: *Michele Taylor* DATE: **2-1-99**  
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVP <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUYMON, CHARLIE S.	1.2 NAME	
STREET ADDRESS	10601 GRANT RD., #211	1.3 STREET ADDRESS	<b>6110 Pine mont #215</b>
CITY-ST-ZIP	HOUSTON TX	1.4 CITY-ST-ZIP	<b>Houston TX 77092</b>
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HODGE, JAMEY	2.2 NAME	
STREET ADDRESS	10601 GRANT RD #211	2.3 STREET ADDRESS	<b>6110 Pine mont #215</b>
CITY-ST-ZIP	HOUSTON TX	2.4 CITY-ST-ZIP	<b>Houston TX 77092</b>
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, MICHELE	3.2 NAME	
STREET ADDRESS	10601 GRANT RD.#211	3.3 STREET ADDRESS	<b>6110 Pine mont #215</b>
CITY-ST-ZIP	HOUSTON TX	3.4 CITY-ST-ZIP	<b>Houston TX 77092</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Michele Taylor* DATE: **2-1-99** Daytime Phone #: **713-353-0400**  
Signature and typed or printed name of signing officer or director

CR2E034 (11/98)