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Secretary of State
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PROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **P95000022047**

1. Corporation Name
ALLIANT MORTGAGE COMPANY, INC.

Principal Place of Business	Mailing Address
305 ROYAL POINCIANA PLAZA PALM BEACH FL 33480	305 ROYAL POINCIANA PLAZA PALM BEACH FL 33480

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 03/16/1995

2. Principal Place of Business	2a. Mailing Address
21 340 ROYAL POINCIANA WAY	26 340 ROYAL POINCIANA WAY
Suite, Apt. #, etc. 22 SUITE 305	Suite, Apt. #, etc. 27 SUITE 305
City & State 23 PALM BEACH, FLORIDA	City & State 28 PALM BEACH, FLORIDA
Zip / Country 24 33480 25	Zip / Country 29 33480 30

4. FEI Number: 65-0577821 ☐ Applied For ☐ Not Applicable

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

9. Name and Address of Current Registered Agent

HAMLIN, CURTIS D
1205 MANATEE AVENUE WEST
BRADENTON FL 34205

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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VP	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	SCOTT, KOTICK		1.2 NAME		
STREET ADDRESS	3140 E. BROAD ST., SUITE 101		1.3 STREET ADDRESS	340 ROYAL POINCIANA WAY - SUITE 305	
CITY-ST-ZIP	COLUMBUS OH 43209		1.4 CITY-ST-ZIP	PALM BEACH, FLORIDA 33480	
TITLE	PD	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	JENKINS, JAMES C.		2.2 NAME		
STREET ADDRESS	305 ROYAL POINCIANA		2.3 STREET ADDRESS	340 ROYAL POINCIANA WAY - SUITE 305	
CITY-ST-ZIP	PALM BEACH FL		2.4 CITY-ST-ZIP	PALM BEACH, FLORIDA 33480	
TITLE	VPDS	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	LEVIN, JAMES S		3.2 NAME		
STREET ADDRESS	305 ROYAL POINCIANA PLAZA		3.3 STREET ADDRESS	340 ROYAL POINCIANA WAY - SUITE 305	
CITY-ST-ZIP	PALM BEACH FL		3.4 CITY-ST-ZIP	PALM BEACH, FLORIDA 33480	
TITLE		☐ DELETE	4.1 TITLE	VP	☐ Change ☒ Addition
NAME			4.2 NAME	SHAWN HORWITZ	
STREET ADDRESS			4.3 STREET ADDRESS	340 ROYAL POINCIANA WAY - SUITE 305	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	PALM BEACH, FLORIDA 33480	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ 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: James C Jenkins 4/21/99 561-333-5150
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)