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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # S11751

1. Corporation Name
AMERICAN MORTGAGE ADVISORS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
 1415 W. SR 434
 LONGWOOD FL 32750
 US

Mailing Address
 1415 W. ST 434
 LONGWOOD FL 32750
 US

3. Date Incorporated or Qualified
11/07/1990

4. FEI Number
59-3067513

5. Certificate of Status Desired Applied For
 Not Applicable

6. Election Campaign Financing Trust Fund Contribution **\$8.75** Additional Fee Required

7. **\$5.00** May Be Added to Fees

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

2. Principal Place of Business
 21 **1001 N. LAKE DESTINY**

Suite, Apt. #, etc.
 22 **STE 175**

City & State
 23 **MAITLAND FL**

Zip Country
 24 **32751** 25

2a. Mailing Address
 26 **1001 N. LAKE DESTINY**

Suite, Apt. #, etc.
 27 **STE 175**

City & State
 28 **MAITLAND FL**

Zip Country
 29 **32751** 30

9. Name and Address of Current Registered Agent

MONCRIEF, JAMES L.
 1415 W. SR 434
 LONGWOOD FL 32750

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
1001 N. LAKE DESTINY RD

83 **SUITE 175**

84 City **MAITLAND** FL 85 Zip Code **32757**

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 *James L. Moncrief* DATE **1/27/99**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE DELETE

NAME **P MONCRIEF, JAMES L**

STREET ADDRESS **861 SILVERWOOD DR**

CITY-ST-ZIP **LAKE MARY FL**

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

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 L. Moncrief* **REQUIRED** DATE **1/27/99** Daytime Phone # **407-875-1788**

CR2E034 (1/198)