SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **598734** **(2)**

1. Corporation Name
THE AMERICAN MORTGAGE CORP. OF THE SOUTH

Principal Place of Business	Mailing Address
255 FORTENBERRY ROAD SUITE 2B MERRITT ISLAND FL 32952	101 NORTH PLUMOSA STREET SUITE 2B MERRITT ISLAND FL 32953 US

2. Principal Place of Business	2a. Mailing Address
21	26 980 N. Federal Hwy
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23	City & State 28 Boca RaTON, Florida
Zip / Country 24 / 25	Zip / Country 29 33432-2704 / 30 USA

3. Date Incorporated or Qualified: 11/01/1987
3a. Date of Last Report: 04/14/1995
4. FEI Number: 59-1885194 ☐ 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 has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

KAMRADT, RUSSELL T ESQ.
777 S. FLAGLER DRIVE
SUITE 900, PHILLIPS POINT EAST TOWER
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 ~~600001902696~~ -07/24/96--01006--002 ***208.75
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	VS ADAMS, DOROTHY E. 101 N PLUMOSA STREET MERRITT ISLAND FL	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	P Warren S. Orlando 980 N. Federal Highway Boca Raton, Fl 33432-2704 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BOWDEN, DONALD L 101 N PLUMOSA ST MERRITT ISLAND FL	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	T John Marino 980 N. Federal Highway Boca Raton, Fl 33432-2704 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVP STEPHENS, SUE 101 N PLUMOSA ST MERRITT ISLAND FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	S June Owens 980 N. Federal Highway Boca Raton, Fl 33432-2704 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROWE, MORRIS A. 220 KING STREET COCOA FL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	V Dana Kilborne 980 N. Federal Highway Boca RAton, Fl 33432-2704 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AV WHITE, VIRGINIA F. 101 N PLUMOSA ST MERRITT ISLAND FL	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	V Ward Kellogg 980 N Federal Highway Boca Raton, Fl 33432-2704 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VT WELLS, CAROL 101 N PLUMOSA ST MERRITT ISLAND FL	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	5000001902695 -07/24/96--01006--001 ***25.00

CR2E034 (3/96)

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(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ John Marino (407) 392-4000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

7-23-96