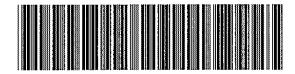
# F040W002454

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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### FLORIDA COMPLIANCE SPECIALISTS, INC.



DAVE TAYLOR, PRESIDENT

2331 Hanson Place Tallahassee, Florida 32301 Voice: (850) 942-5464 Fax: (850) 942-5111 www.floridacompliance.com Office Use Office

	NAME(S) & DOCUMENT NUMBER(S), (if known):
1. America	oration Name) Mostgage Cosposation?
2	poration Name) (Document #)
3(Corp	poration Name) (Document #)
4(Corp	poration Name) (Document #)
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NEW FIDINGS:	AMENDMENTS 25
Profit	Amendment
NonProfit	Resignation of R.A., Officer/ Director
Limited Liability	Change of Registered Agent
Domestication	Dissolution/Withdrawal
Other	Merger
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OTHER FILINGS:	REGISTRATION/
Annual Report	- QUALIFICATION:
Fictitious Name	Foreign
Name Reservation	Limited Partnership
÷	Reinstatement
	Trademark

Other

#### APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT **BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.	
AMERICAN NATIONAL MORTGAGE CORPERTATION	
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc.," "Co," or "Corp.")	
ANMC MORTGAGE CORPORATION	•
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)	
2 INDIANA 3. 35-1822570 3.	
(State or country under the law of which it is incorporated) (FEI number, if applicable)	
4 01-08-1991 5 Perpetual	
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")	
6. UPON Qualification	
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")  (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)	
1. 816 W. Fisher ST Mouricello, IN 41796	É
(Principal office address)	
- (Same As Above)	
(Current mailing address)	
8. ResiDeNTIAL MORTGAGES	
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)	
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)	
Name: Florida Compliance Specialists INC	
Office Address: 2331 Howses place	
TAllahasse , Florida 32301	
(City) (Zip code)	
10. Registered agent's acceptance:	
Having been named as registered agent and to accept service of process for the above stated corporation at the place	
designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I	
further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties and I am familiar with and accept the obligations of my position as registered agent.	,
· · · · · · · · · · · · · · · · · · ·	
- Owe / anhor	
(Registered agent's signature)	

- 11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.
- 12. Names and business addresses of officers and/or directors:

A. DIRECTORS
Chairman: Wolliam R. FRitz
Address 3606 W Connection DR Residence
Monricello, IN 47960
View Situituum:
Address: 916 W Fisher 34
Monticello, In 47960 OFFice
Director:
Address:
Director:
Address:
B. OFFICERS
111/1/12 Am R FRET
President: William R. FRITZ  Address: 3606 N. Commection DR
Monficello, Tal 47960
- /1/0n -> ce/10, 1 or 4/460
Vice President:
Address:
Secretary:
Address:
Treasurer:
Address:
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
13. (Signature of Director or Officer listed in number 12 of the application)
101:11: DEDITE
(Typed or printed name and capacity of person signing application)

## STATE OF INDIANA OFFICE OF THE SECRETARY OF STATE CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greetings:

I, TODD ROKITA, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

#### AMERICAN NATIONAL MORTGAGE CORPORATION

duly filed the requisite documents to commence business activities under the laws of State of Indiana on January 08, 1991, and was in existence or authorized to transact business in the State of Indiana on April 30, 2004.

I further certify this For-Profit Domestic Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the city of Indianapolis, this Thirtieth Day of April, 2004.

TODD ROKITA, Secretary of State

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