SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, ~~$500~~ AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
1995 JUL 13 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F93000005907 (1)**

1. Corporation Name
AMERICAN ALLIANCE MORTGAGE CORP.

Principal Place of Business	Mailing Address
~~3800 AIRPORT RD. NORTH~~ ~~SUITE B~~ ~~NAPLES FL 33942~~	~~3800 AIRPORT RD. NORTH~~ ~~SUITE B~~ ~~NAPLES FL 33942~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/28/1993
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21 5100 N TAMIAMI TRAIL
Suite, Apt. #, etc.
22 SUITE NO 103-124
City & State
23 NAPLES, FLORIDA
Zip 24 33940-2810 Country 25 COLLIER

2a. Mailing Address
26 5100 N TAMIAMI TRAIL
Suite, Apt. #, etc.
27 SUITE NO 103-124
City & State
28 NAPLES, FLORIDA
Zip 29 33940-2810 Country 30 COLLIER

4. FEI Number: 35-1902836 ☐ 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

STRICKLAND, LINDA
~~3800 AIRPORT ROAD NORTH / STE - B~~
~~SUITE B~~
~~NAPLES FL 33942~~

10. Name and Address of New Registered Agent

61 Name: STRICKLAND, LINDA
62 Street Address (P.O. Box Number is Not Acceptable): 5100 N TAMIAMI TRAIL
63 SUITE 103-124
64 City: NAPLES, FLORIDA FL 65 Zip Code: 33940-2810

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	PD	11 TITLE	☐ Change ☐ Addition
NAME	PAGE, DAVID	12 NAME	
STREET ADDRESS	620 STEVENS ST.	13 STREET ADDRESS	
CITY-ST-ZIP	INDIANAPOLIS IN 46203	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	STRICKLAND, LINDA	22 NAME	
STREET ADDRESS	~~3800 AIRPORT PULLING ROAD B~~	23 STREET ADDRESS	5100 N TAMIAMI TRAIL, SUITE 103-124
CITY-ST-ZIP	~~NAPLES FL~~	24 CITY-ST-ZIP	NAPLES, FLORIDA 33940-2810
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	PAGE, PAUL J	32 NAME	
STREET ADDRESS	709 GREER ST.	33 STREET ADDRESS	
CITY-ST-ZIP	INDIANAPOLIS IN 46203	34 CITY-ST-ZIP	
TITLE	TD	41 TITLE	☐ Change ☐ Addition
NAME	SPICUZZA, ANTHONY	42 NAME	
STREET ADDRESS	19 N. ALABAMA ST.	43 STREET ADDRESS	
CITY-ST-ZIP	BRAZIL IN	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E034 (3/95)

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)(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.

SIGNATURE: [signature] VICE PRESIDENT - DIRECTOR 8/3-642-2223
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

0182296 FP