

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F93000005907 (1)

1. Corporation Name

AMERICAN ALLIANCE MORTGAGE CORP.



Principal Place of Business

5100 N TAMiami TRAIL
STE 103-126
NAPLES FL 33940-2810
US

Mailing Address

5100 N TAMiami TRAIL
STE 103-126
NAPLES FL 33940-2810
US

2. Principal Place of Business

2a. Mailing Address

State, Apt. #, etc.

State, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

STRICKLAND, LINDA
5100 N TAMiami TRAIL
STE 103-126
NAPLES FL 33940

3. Date Incorporated or Qualified
12/28/1993

3a. Date of Last Report
07/13/1995

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

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\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

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

Signature of Registered Agent

Signature of Registered Agent

Date

12. OFFICERS AND DIRECTORS

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PD
PAGE, DAVID
620 STEVENS ST.
INDIANAPOLIS IN 46203
VD
STRICKLAND, LINDA
5100 N TAMiami TRAIL STE 103-126
NAPLES FL
SD
PAGE, PAUL J
709 GREER ST.
INDIANAPOLIS IN 46203
TD
SPICUZZA, ANTHONY
19 N. ALABAMA ST.
BRAZIL IN

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/96

(941) 647-2223

CR2E034 (12/95)