FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9600004769 (3)

ADVANCED MORTGAGE TECHNOLOGY, INC.

Principal Place of Business Mailing Address					
9425 LAKE CENTER DR., STE. 1 3425 LAKE CENTER DR., ST MOUNT DORA FL 32757 MOUNT DORA FL 32757-234					
				3. Date incorporated or Qualified 09/16/1996	3a. Date of Last Report
2. Principal Place of Business 2a. Mailing Address			4. FEI Number	Applied For	
21 26				54-1817653	Not Applicable
27				5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
Zip Country		Zip Country		Trust Fund Contribution Added to Fees	
24	25	29	30	This corporation has liability for in Florida Statutes	ntangible tax under s. 199.032, Yes No
	9. Name and Address of Curren		30	10. Name and Address of New Rec	-
KAT	XEL, J. STEPHEN		81 Name		
OFOL COLUMN AND DOAD			82 Street Addr	82 Street Address (P.O. Box Number is Not Acceptable)	
			or Street Addi	Shedt Address (7.0. Box Number is Not Addeptable)	
	- 10-10-10-10-10-10-10-10-10-10-10-10-10-1		83		
			84 City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.050.	2 and 607.1508. Florida Statute	es the above-named corn	poration submits this statement for the pu	rease of changing its registered
office or i	registered agent, or both, in the State	of Horida Such change was a	uthorized by the corporat	poration submits this statement for the pution's board of directors. I hereby accept	the appointment as registered
SIGNATURE					
12.	Signature, typed or printed name of registers diage OFFICERS ANI		Registered Agent signature requir	ad when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE STORY OF STATE O
TITLE	CP.	DELETE	1.1 1111.6	ADDITIONS/CHANGES TO OFFICE	Change Addition
NAME	MORGAN, RONALD C		1.2 NAME	•	
STREET ADDRESS	2501 SOUTHLAND RD.		1.3 STREET ADDRESS		
CITY-ST-ZIP	MT. DORA FL 32757		1.4 CITY - ST - 7IP		
TITLE	CV	DELETE	2.1 10 LE		Change Addition
NAME	KADEL, J. STEPHEN	•	2.2 NAME	:	-
STREET ADDRESS	2501 SOUTHLAND RD.		2.3 STREET ADDRESS		
CITY-ST-ZIP	MT. DORA FL 32757		2 4 CITY-\$1-ZIP		
TITLE	D	☐ DELETE	3 1 THTLE		Change Addition
NAME	MAIN, RICHARD E		3.2 NAME		
STREET ADDRESS	43399 MOUNTAIN VIEW DR.		3.3 STREET ADDRESS		
CITY-ST-ZIP	CHANTILLY VA 20152	☐ DELETE	3.4. CITY - ST - ZIP		
NAME	MAIN, ROSEMARY S	berne	4.1 TITLE 4.2 NAME		☐ Change ☐ Addition
STREET ADDRESS	43399 MOUNTAIN VIEW DR.		4. 2 NAME 4.3 STREET ADDRESS		
CITY-ST-ZIP	CHANTILLY VA 20152		4.4 CITY-ST-ZIP		
TITLE	ST ST	DELETE	5.1 TITLE		Change Addition
NAME	BAKER, ROBERT J		5.2 NAME		para v maga tan mastituti
STREET ADDRESS	43399 MOUNTAIN VIEW DR.		5.3 STREET ADDRESS		
CITY-ST-ZIP	CHANTILLY VA 20152		5.4 CITY - ST - ZIP		
TITLE		DELETE	611HLF		Change Addition

14. I do 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 trusted empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter or on amattachment with an address.

6.2 NAME

CALATURE. SKYMANIVALAN CHIEN

STREET ADDRESS

V/3.10

-M DOMAN

FILED

Apr 28 1997 8:00am

Secretary of State