


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

FILED  
Jan 30 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000003622 (4)  
1. Corporation Name  
AMERICAN INVESTMENT MORTGAGE SPECIALISTS, INC.



Principal Place of Business 14850 QUORUM DRIVE STE 150 DALLAS TX 75240	Mailing Address 14850 QUORUM DRIVE STE 150 DALLAS TX 75240
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 4407 Beltwood Pkwy N Suite, Apt. #, etc. 22 112 City & State 23 Dallas, TX Zip 24 75244	2a. Mailing Address 26 4407 Beltwood Pkwy N. Suite, Apt. #, etc. 27 112 City & State 28 Dallas, TX Zip 29 75244 Country 25 USA 30 USA
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3. Date Incorporated or Qualified 07/11/1997	4. FEI Number 84-1253102	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent MCLAIN, BRIAN 9412 TARA CAY COURT SEMINOLE FL 33776	81 Name McLane, Brian 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEOD BRIANT, CHARLES 14850 QUORUM DRIVE STE 150 DALLAS TX 75240 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	CEOD Briant, Charles 7024 Quartermile Dr. Dallas, TX 75248 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD LAMONS, DENNIS G 742 E BETHEL SCHOOL ROAD COPPELL TX 75019 <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LEWIS, JOHN E 4629 ALMOND LANE BOULDER CO 80301 <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	PD John E. Lewis 4635 Bean Mountain Lane Boulder, CO 80301 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD LEWIS, DEBORAH L 4629 ALMOND LANE BOULDER CO 80301 <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	VD Deborah L. Lewis 6635 Bean Mountain Lane Boulder, CO 80301 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CFO POSTON, JOHN E 13410 MILL GROVE LANE DALLAS TX 75240 <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD KEMP, KYLE 2609 SILVERTHORNE DRIVE DALLAS TX 75287 <input checked="" type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I 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 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 REQUIRED

1/30/98 (92) 720-1363

CR2E034 (10/97)