

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Feb 25, 1999 8:00 am  
Secretary of State

02-25-1999 90090 007 \*\*\*150.00

DOCUMENT # F98000001209

1. Corporation Name

AMERICAN FEDERATED MORTGAGE, INC.

Principal Place of Business

9925 HAYNES BRIDGE RD., STE. 200-304  
ALPHARETTA GA 30022

Mailing Address

9925 HAYNES BRIDGE RD., STE. 200-304  
ALPHARETTA GA 30022

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/02/1998

4. FEI Number

58-2345685

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Election Campaign Financing

\$5.00 May Be

Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

Yes

No

2. Principal Place of Business

21 5515 Ashwind Trace  
Suite, Apt. #, etc.

2a. Mailing Address

26 11950 Jones Bridge Rd  
Suite, Apt. #, etc.

City & State

23 Alpharetta, GA  
Zip Country

City & State

27 Suite 115-110  
28 Alpharetta, GA  
Zip Country

24 30005

25

29 30005

30

9. Name and Address of Current Registered Agent

FINN, MITCHELL  
448 SHERYL DR.  
DELTONA FL 32738

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

448 Cheryl Dr.

83

84 City

Deltona, FL 32738 FL

85 Zip Code

32738

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

TITLE PT  
NAME FINN, PATRICK H  
STREET ADDRESS 5006 CYPRESS CT.  
CITY-ST-ZIP ALPHARETTA GA 30025

TITLE VS  
NAME BANDS, RENEE S  
STREET ADDRESS 10580 SUMMER RIDGE DR.  
CITY-ST-ZIP ALPHARETTA GA 30022

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS 5515 Ashwind Trace  
1.4 CITY-ST-ZIP Alpharetta, GA 30005

2.1 TITLE  
2.2 NAME Bonds, Renee S.  
2.3 STREET ADDRESS 5515 Ashwind Trace  
2.4 CITY-ST-ZIP Alpharetta, GA 30005

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
Treasurer (CT)  
Finn, Mitchell A  
448 Cheryl Drive  
Deltona, FL 32738

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE: Patrick H Finn / Patrick H Finn 1/20/99 770-360-0007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)