

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
Mar 23, 1999 8:00 am
Secretary of State

03-23-1999 90074 018 ***150.00

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1. Corporation Name

U.S. MORTGAGE AND ACCEPTANCE CORPORATION

Principal Place of Business

1440 N. KINGSBURY #118
CHICAGO IL 60622

Mailing Address

1440 N. KINGSBURY #118
CHICAGO IL 60622

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/12/1998

4. FEI Number

36-4198845

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 owes the current year Intangible
Personal Property Tax.

☐ Yes ☒ No

2. Principal Place of Business

21 1331 E. LAFAYETTE

2a. Mailing Address

26 18002 IRVINE BLVD

Suite, Apt., etc.

Suite, Apt., etc.

22 F

27 #206

City & State

23 TALLAHASSEE, FL

City & State

28 TUSTIN, CA

Zip Country

24 32301

Zip Country

29 92780

30

9. Name and Address of Current Registered Agent

FLORIDA COMPLIANCE SPECIALISTS, INC.
1331 E. LAFAYETTE ST., STE C
TALLAHASSEE FL 32301

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME GIMBEL, SCOTT E
STREET ADDRESS 5170 LOS ALTOS DRIVE
CITY-ST-ZIP YORBA LINDA GA

TITLE V ☒ DELETE

NAME FLANAGAN, THOMAS G
STREET ADDRESS 3630 N. BOSWORTH AVENUE
CITY-ST-ZIP CHICAGO IL

TITLE ST ☒ DELETE

NAME MARTINEZ, MARIBEL
STREET ADDRESS 509 HILLSBOROUGH WAY
CITY-ST-ZIP CORONA GA

TITLE CEO ☐ DELETE

NAME MODER, DANIEL T
STREET ADDRESS 2 SAND DOLLAR COURT
CITY-ST-ZIP NEWPORT BEACH CA

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SCOTT E. GIMBEL President

Date

Daytime Phone #

CR2E034 (11/98)