

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 20, 2004 8:00 am**  
**Secretary of State**

01-20-2004 90063 027 \*\*\*150.00

<b>DOCUMENT # F99000000080</b>					
<b>1. Entity Name</b> <b>AMERICAN ACCEPTANCE MORTGAGE CORPORATION</b>					
<b>Principal Place of Business</b> <b>43902 WOODWARD AVE</b> <b>SUITE 20</b> <b>BLOOMFIELD HILLS, MI 48302</b>			<b>Mailing Address</b> <b>43902 WOODWARD AVE</b> <b>SUITE 20</b> <b>BLOOMFIELD HILLS, MI 48302</b>		
<b>2. Principal Place of Business</b>			<b>3. Mailing Address</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		01062004    Chg-P    CR2E034 (10/03)	
<b>4. FEI Number</b> <b>38-2906032</b>				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
<b>DANIELS, LOREN S</b> <b>350 S OCEAN BLVD., 11D</b> <b>BOCA RATON, FL 33432</b>			Name Street Address (P.O. Box Number is Not Acceptable) City FL    Zip Code		
<b>8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DANIELS, ALLAN D <input type="checkbox"/> Delete 43902 WOODWARD AVE STE 20 BLOOMFIELD HILLS, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DANIELS, ALLAN D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 43902 WOODWARD AVE STE 20 BLOOMFIELD HILLS, MI 48340	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD DANIELS, LOREN S <input type="checkbox"/> Delete 350 S. OCEAN BLVD 11D BOCA RATON, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD DANIELS, LOREN S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 350 S. OCEAN BLVD 11D BOCA RATON, FL 33432	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</b>					
<b>SIGNATURE:</b>			LOREN S. DANIELS    1/12/04    248-335-6166		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date    Daytime Phone #		