

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # G25919**

**(3)**

1. Corporation Name

**ALLIED MORTGAGE CORPORATION**

Principal Place of Business

**C/O DANIEL JACOBS  
3900 HOLLYWOOD BLVD., STE. 204  
HOLLYWOOD FL 33021**

Mailing Address

**C/O DANIEL JACOBS  
3900 HOLLYWOOD BLVD., STE. 204  
HOLLYWOOD FL 33021**

2. Principal Place of Business

21 **3900 HOLLYWOOD BLVD.**

2a. Mailing Address

26 **3900 HOLLYWOOD BLVD.**

Suite, Apt. #, etc.

22 **SUITE 303**

Suite, Apt. #, etc.

27 **SUITE 303**

City & State

23 **HOLLYWOOD, FL. 33021**

City & State

28 **HOLLYWOOD, FL.**

Zip

24 **33021**

Country

25 **BROWARD**

Zip

29 **33021**

Country

30 **BROWARD**

9. Name and Address of Current Registered Agent

**JACOBS, DANIEL  
3900 HOLLYWOOD BLVD  
SUITE #204  
HOLLYWOOD FL 33021**

3. Date Incorporated or Qualified

**03/01/1983**

3a. Date of Last Report

**04/21/1994**

4. FEI Number

**59-2265492**

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 has liability for intangible tax under S. 199.032,  
Florida Statutes

☐ Yes

☒ No

10. Name and Address of New Registered Agent

81 Name

**DANIEL JACOBS**

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

**3900 HOLLYWOOD BLVD.**

**SUITE 303**

84 City

**HOLLYWOOD**

FL

85 Zip Code

**33021**

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

*Daniel Jacobs*

**DANIEL JACOBS**

**4-18-95**

Signature of Third or Fourth Party (if registered agent and firm if applicable)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DP**  
NAME **JACOBS, DANIEL**  
STREET ADDRESS **3900 HOLLYWOOD BLVD #204**  
CITY-ST-ZIP **HOLLYWOOD FL**

TITLE **D**  
NAME **JACOBS, KAYE**  
STREET ADDRESS **3900 HOLLYWOOD BLVD #204**  
CITY-ST-ZIP **HOLLYWOOD FL**

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 **PRESIDENT** ☒ Change ☐ Addition  
1.2 NAME **DANIEL JACOBS**  
1.3 STREET ADDRESS **3900 HOLLYWOOD BLVD. #303**  
1.4 CITY-ST-ZIP **HOLLYWOOD FL. 33021**

2.1 TITLE **VICE PRES. - SEC.** ☒ Change ☐ Addition  
2.2 NAME **KAYE JACOBS**  
2.3 STREET ADDRESS **3900 HOLLYWOOD BLVD. #303**  
2.4 CITY-ST-ZIP **HOLLYWOOD FL. 33021**

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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:

*Daniel Jacobs*

**DANIEL JACOBS**

**4-18-95**

**305-983-7007**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

TELEPHONE NUMBER