FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

FILED
Apr 24 1996 8:00 am
Secretary of State

DOCUMENT # **H37310** **(0)**

1. Corporation Name
ATLANTIC MORTGAGE & INVESTMENT CORPORATION

Principal Place of Business
% JOSEPH L. MCDANIELS
4348 SOUTHPOINT BLVD.. STE 101
JACKSONVILLE FL 32216

Mailing Address
% JOSEPH L. MCDANIELS
4348 SOUTHPOINT BLVD.. STE 101
JACKSONVILLE FL 32216

3. Date Incorporated or Qualified: 01/09/1985
3a. Date of Last Report: 04/13/1995

2. Principal Place of Business (21)
Suite, Apt #, etc (22)
City & State (23)
Zip (24) Country (25)

2a. Mailing Address (26)
Suite, Apt #, etc. (27)
City & State (28)
Zip (29) Country (30)

4. FEI Number: 59-2483023 — 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

9. Name and Address of Current Registered Agent
BYERS, JOHN R.
50 N LAURA ST
S-2800
JACKSONVILLE FL 32202

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 the date of appointment) (NOTE: Registered Agent signature required in order to file) DATE

12. OFFICERS AND DIRECTORS

TITLE	DC	☐ DELETE
NAME	CRITELLI, MICHAEL J	
STREET ADDRESS	201 MERRITT 7	
CITY-ST-ZIP	NORWALK CT	
TITLE	DP	☐ DELETE
NAME	MCDANIELS, JOSEPH L.	
STREET ADDRESS	4348 SOUTHPOINT BVLD.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	DV	☐ DELETE
NAME	HUDSON, G KIRK	
STREET ADDRESS	201 MERRITT 7	
CITY-ST-ZIP	NORWALK CT	
TITLE	D	☐ DELETE
NAME	HUGHES, CHRISTIAN D	
STREET ADDRESS	201 MERRITT 7	
CITY-ST-ZIP	NORWALK CT	
TITLE	DTV	☐ DELETE
NAME	MAARBJERB, MARY P	
STREET ADDRESS	201 MERRITT 7	
CITY-ST-ZIP	NORWALK CT	
TITLE	D	☐ DELETE
NAME	WILLIAMSON, KEITH H	
STREET ADDRESS	201 MERRITT 7	
CITY-ST-ZIP	NORWALK CT	

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	Jeffrey J. Ramos	
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 119.07(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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/96 (904) 296-1400 ext 400
Daytime Phone

CR2E034 (12/95)

0019506 CP