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May 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **H37310** (0)
1. Corporation Name
ATLANTIC MORTGAGE & INVESTMENT CORPORATION



Principal Place of Business Mailing Address
% JOSEPH L. MCDANIELS
4348 SOUTHPOINT BLVD., STE 101
JACKSONVILLE FL 32216
% JOSEPH L. MCDANIELS
4348 SOUTHPOINT BLVD., STE 101
JACKSONVILLE FL 32216-0803

3. Date Incorporated or Qualified **01/09/1985** 3a. Date of Last Report **04/24/1996**
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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
BYERS, JOHN R.
50 N LAURA ST
S-2800
JACKSONVILLE FL 32202
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC CRITELLI, MICHAEL J	1.1 TITLE	
NAME	201 MERRITT 7	1.2 NAME	
STREET ADDRESS	NORWALK CT	1.3 STREET ADDRESS	
CITY - ST - ZIP	DP MCDANIELS, JOSEPH L.	1.4 CITY - ST - ZIP	
	4348 SOUTHPOINT BLVD.	2.1 TITLE	
	JACKSONVILLE FL	2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY - ST - ZIP	
	DV HUDSON, G KIRK	3.1 TITLE	
	201 MERRITT 7	3.2 NAME	
	NORWALK CT	3.3 STREET ADDRESS	
		3.4 CITY - ST - ZIP	
	D HUGHES, CHRISTIAN D	4.1 TITLE	
	201 MERRITT 7	4.2 NAME	
	NORWALK CT	4.3 STREET ADDRESS	
		4.4 CITY - ST - ZIP	
	DTV RAMOS, JEFFREY J.	5.1 TITLE	
	201 MERRITT 7	5.2 NAME	
	NORWALK CT	5.3 STREET ADDRESS	
		5.4 CITY - ST - ZIP	
	D WILLIAMSON, KEITH H	6.1 TITLE	
	201 MERRITT 7	6.2 NAME	
	NORWALK CT	6.3 STREET ADDRESS	
		6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE: *Sandra B. Mortham* 5/9/97 (904) 296-1400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)