

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  
Apr 23, 1999 8:00 am  
Secretary of State

04-23-1999 90075 015 \*\*\*150.00

DOCUMENT # H44207

1. Corporation Name

ALTERNATIVE MORTGAGE FUNDING CORPORATION

Principal Place of Business

994 DOUGLAS AVENUE  
SUITE 100  
ALTAMONTE SPRING FL 32714  
US

Mailing Address

994 DOUGLAS AVENUE  
#100  
ALTAMONTE SPRINGS FL 32714  
US

2. Principal Place of Business

21 215 N. Westmonte Dr.

Suite, Apt. #, etc.

22 City & State  
23 Altamonte Springs, FL

24 Zip 32714 25 Country USA

2a. Mailing Address

26 215 N. Westmonte Dr.

Suite, Apt. #, etc.

27 City & State  
28 Altamonte Springs, FL

29 Zip 32714 30 Country USA

9. Name and Address of Current Registered Agent

SAMUELS, ROBERT M.  
994 DOUGLAS AVENUE  
STE 100  
ALTAMONTE SPRINGS FL 32779

3. Date Incorporated or Qualified

02/22/1985

4. FEI Number

59-2532541

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

10. Name and Address of New Registered Agent

81 Name

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

215 N. Westmonte Drive

83

84 City

Altamonte Springs, FL

85 Zip Code

32714

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 PD  
NAME SAMUELS, ROBERT M.  
STREET ADDRESS 994 DOUGLAS AVE, STE 100  
CITY-ST-ZIP ALTAMONTE SPRINGS FL ☐ DELETE

TITLE VD  
NAME SAMUELS, DIANE R  
STREET ADDRESS 994 DOUGLAS AVE, STE 100  
CITY-ST-ZIP ALTAMONTE SPRINGS FL ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS 215 N. Westmonte Drive  
1.4 CITY-ST-ZIP Altamonte Springs FL 32714 ☐ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS 215 N. Westmonte Drive  
2.4 CITY-ST-ZIP Altamonte Springs FL 32714 ☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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

DIANE R. SAMUELS

Date

2/3/99

Daytime Phone #

407-774-9009

CR2E034 (11/98)