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May 06 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 # **J46531** **(6)**

1. Corporation Name
ALL AMERICA MORTGAGE INC.

Principal Place of Business	Mailing Address
2213 N. ATLANTIC BLVD. POMPANO BCH. FL 33062 US	2213 E. ATLANTIC BLVD. POMPANO BCH FL 33062-5209 US

3. Date Incorporated or Qualified: 12/03/1986
3a. Date of Last Report: 08/12/1996

2. Principal Place of Business
21 1640 E. Atlantic Blvd.
Suite, Apt. #, etc. 22
City & State 23 Pompano Bch. FL
Zip 24 33060 Country 25 US

2a. Mailing Address
26 1640 E. Atlantic Blvd.
Suite, Apt. #, etc. 27
City & State 28 Pompano Bch. FL
Zip 29 33060 Country 30 US

4. FEI Number: 59-2746441 ☐ 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

FAHMY, HANY
2213 E ATLANTIC BLVD
POMPANO BEACH FL 33062

10. Name and Address of New Registered Agent

81 Name: McDuffie Myers
82 Street Address (P.O. Box Number is Not Acceptable)
83 1640 E. Atlantic Blvd.
84 City: Pompano Beach, FL 85 Zip Code: 33060

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: McDuffie Myers Pres. McDuffie Myers April 29, 1997
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	PDT	☐ DELETE	1.1 TITLE	S	☐ Change ☒ Addition
NAME	MCDUFFIE, MYERS		1.2 NAME	Zilla Herring	
STREET ADDRESS	2180 EAST ATLANTIC BLVD		1.3 STREET ADDRESS	3020 NW 26 St.	
CITY-ST-ZIP	POMPANO BEACH FL		1.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33311	
TITLE	S	☒ DELETE	2.1 TITLE	T	☐ Change ☒ Addition
NAME	MCDUFFIE, MYERS		2.2 NAME	Pearlie Bryant	
STREET ADDRESS	2180 EAST ATLANTIC BLVD		2.3 STREET ADDRESS	514 NW 3rd Ave.	
CITY-ST-ZIP	POMPANO BEACH FL		2.4 CITY-ST-ZIP	Deerfield Bch. FL 33341	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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: McDuffie Myers April 29, 1997
McDUFFIE MYERS (954) 943-5777