

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
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90236 004 ***158.75

DOCUMENT # K25409V

1. Corporation Name

AMERI-CAP Mortgage Services, Inc.

Principal Place of Business

Mailing Address

2525 N. State Road 7 Suite 100
Ft. Lauderdale, FL 33021

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/1/97

2. Principal Place of Business

2a. Mailing Address

21 150 S. Pine Island Rd

26 150 S. Pine Island Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 500

27 Suite 500

City & State

City & State

23 Plantation, FL

28 Plantation FL

Zip

Country

Zip

Country

24 33324

25 USA

29 33324

30 USA

4. FEI Number

65-0053040

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Bruce Lazarus
2525 N. State Road 7
Suite 100
Ft. Lauderdale, FL 33021

81 Name MAYNARD J. HELLMAN ESQ

82 Street Address (P.O. Box Number is Not Acceptable)
150 S. Pine Island Rd Suite 500

83

84 City Plantation

FL

85 Zip Code 33324

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 not applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE
NAME BRUCE LAZARUS
STREET ADDRESS 2525 N. State Rd 7 # 100
CITY-ST-ZIP FT. Lauderdale, FL 33021

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME D MALCOLM RESNICK
1.3 STREET ADDRESS 150 S. Pine Island Rd, Suite 500
1.4 CITY-ST-ZIP Plantation, FL 33324

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME D CRAIG BOUANO
2.3 STREET ADDRESS 150 S. Pine Island Rd, Suite 500
2.4 CITY-ST-ZIP Plantation, FL 33324

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME D ROBERT PRESS
3.3 STREET ADDRESS 150 S. Pine Island Rd, Suite 500
3.4 CITY-ST-ZIP Plantation, FL 33324

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

Robert Press
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT PRESS

4-29-99

954-577-9225

Date

Daytime Phone #