

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

**Apr 30 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L49798 (6)
 1. Corporation Name
AMERICAN MORTGAGE CO. & ASSOCIATES INC.



Principal Place of Business % PATSY J. BRYANT 238 N WESTMONTE DR., SUITE 265 ALTAMONTE SPRINGS FL 32714	Mailing Address % PATSY J. BRYANT 238 N WESTMONTE DR., SUITE 265 ALTAMONTE SPRINGS FL 32714
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/07/1990		4. FEI Number 59-2995242		Applied For
2. Principal Place of Business 21 1855 W. S.R. 434		2a. Mailing Address 26 SAME		Not Applicable
Suite, Apt. #, etc. 22 273		Suite, Apt. #, etc. 27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
City & State 23 LONGWOOD, FL.		City & State 28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Zip 24 32750	Country 25 Seminole	Zip 29	Country 30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent ABRAMS, MARTHA 238 N. WESTMONTE DR. SUITE 265 ALTAMONTE SPRINGS FL 32714-3364		10. Name and Address of New Registered Agent		
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)		
83		84 City		
		85 Zip Code		FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PV	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABRAMS, MARTHA	1.2 NAME	Add. only
STREET ADDRESS	238 N. WESTMONTE DR #265	1.3 STREET ADDRESS	1855 W. S.R. 434 #273
CITY-ST-ZIP	ALTAMONTE SPRG FL	1.4 CITY-ST-ZIP	LONGWOOD FL 32750
TITLE	TS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMSON, TINA	2.2 NAME	
STREET ADDRESS	840 TIMBER CT.	2.3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PATSY J. BRYANT	3.2 NAME	PATSY J. BRYANT
STREET ADDRESS	156 OAKVIEW CIR	3.3 STREET ADDRESS	156 OAKVIEW CIR
CITY-ST-ZIP	LONGWOOD, FL 32750	3.4 CITY-ST-ZIP	LONGWOOD, FL 32750
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 in an attachment with an address.

SIGNATURE: *Patsy J. Bryant* 4-23-98 407-260-5525

CR2E034 (10/97)