

On or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY

FLORIDA DEPARTMENT OF STATE

ANNUAL REPORT
1998



Sandra S. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 MAR 27 PM 3:31

Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee
\$188.75 PAYABLE TO: FLORIDA DEPARTMENT OF STATE

3/27

Name and Mailing Address
of Limited Liability Company

DOCUMENT # L95000000716

AMERICAN HOME MORTGAGE AND ASSOCIATES, L.C.

150 S PINE ISLAND ROAD #105
PLANTATION FL 33324

1a. Principal Place of Business Address

150 S PINE ISLAND ROAD #105
PLANTATION FL 33324

2. Principal Place of Business

American Home Mortgage

Suite, Apt. #, etc.

Suite 105

City & State

Plantation, FL 33324

Zip

33324

Country

U.S.

2a. Mailing Address

150 S. Pine Island Rd

Suite, Apt. #, etc.

Same

City & State

Same

Zip

Same

Country

Same

3. Date Organized or Qualified

09/18/1995

3a. State of Formation

FL

4. FEI Number

65-0609355

☐ Applied For

☐ Not Applicable

5. Date of Last Report

04/02/1997

6. Certificate of Status Desired

\$8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

STRAUS, ARNOLD M
10081 PINES BLVD SUITE C
PEMBROKE PINES FL 33024

8. Name and Address of New Registered Agent/Office

Name

Same as #7 box

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

800002477388--1

Suite, Apt. #, etc.

-04/02/98--01095--015

City

****188.75 ****188.75

Zip Code

FL

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

DATE 2/23/98

10. Title

Managing Members/Managers

Business Street Address

City, State and Zip Code

MEM

STAMPLER, STEFAN

150 S PINE ISLAND ROAD #105 PLANTATION FL

MEM

STERN, RUSSELL T

280 MOUNTAIN ROAD ENGLEWOOD NJ

MEM

STERN, MARK S

280 MOUNTAIN ROAD ENGLEWOOD NJ

MEM

STERN, DOUGLAS A

280 MOUNTAIN ROAD ENGLEWOOD NJ

APPROVED

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07, Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

Stefan Stampler-Managing Member

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #