

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jan 30 1998 8:00am
Secretary of State

DOCUMENT # M29640 (3)

1. Corporation Name

AMERICAN FAMILY MORTGAGE COMPANY

Principal Place of Business

209 N.E. 95TH STREET
SUITE 2
MIAMI SHORES FL 33138

Mailing Address

209 N.E. 95TH STREET
SUITE 2
MIAMI SHORES FL 33138

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/28/1986

4. FEI Number

59-2651920

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 12501 N. Kendall Dr.

Suite, Apt. #, etc.

22 Side Suite

City & State

23 Miami, Florida

Zip

24 33186

Country

25 us

2a. Mailing Address

26 Suite 103

Suite, Apt. #, etc.

27 4100 N. Miami Avenue

City & State

28 Miami, Florida

Zip

29 33127

Country

30 us

9. Name and Address of Current Registered Agent

HALL, JON C
209 N.E. 95TH STREET
MIAMI SHORES FL 33138

10. Name and Address of New Registered Agent

81 Name

Hall, Jon C.

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

Suite 103 at 4100 N. Miami Avenue

83

84 City

Miami, Florida

FL

85 Zip Code

33127

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 fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME FEAUX, WILLIAM
STREET ADDRESS 12773 BROOKFIELD CIRCLE
CITY-ST-ZIP ORLANDO FL 32837 ☒ DELETE

TITLE DS
NAME HALL, JON C.
STREET ADDRESS 209 N.E. 95TH ST., STE. 2
CITY-ST-ZIP MIAMI SHORES FL ☐ DELETE

TITLE T
NAME FEAUX, BONNIE
STREET ADDRESS 12773 BROOKFIELD CIRCLE
CITY-ST-ZIP ORLANDO 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD Michele Nunez ☐ Change ☐ Addition
1.2 NAME Side Suite 12501 N. Kendall DR.
1.3 STREET ADDRESS Miami, Florida 33186
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE T William Fewer II ☐ Change ☐ Addition
3.2 NAME 12773 Brookfield Circle
3.3 STREET ADDRESS Orlando, Florida 32837
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.

SIGNATURE:

[Signature]

2/16/98

305-573-
0075

CR2E034 (10/97)