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 .

Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90126 004 ***150.00

DOCU	MENT # M73237	•			ļ			
1. Corporation Name A & M MORTGAGE CORP.						•		
A OT IAL I	NON TURBLE CORP.					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 	NO CHAIL CHAIL CINE DE	I II 412 15 218 11 (29 1
					1		er Pier ala Pier al	(i) didii didii 184)
Principal Plac	e of Business	Mailing Address				4 1001.8041 141 140.00 1411.0 1100.8 14411 1	MAN OFBIL BIRKI BERNE EN	tat denet nånet enne
3434 W. COLUMBUS DR. 3434 W. COLUMBUS DR.								
SUITE 106 SUITE 106								
TAMPA FL 33607 . TAMPA FL 33607						DO NOT WRITE	IN THIS SPACE	
						3. Date Incorporated or Qualifed		
			<u> </u>			03/14/1988 4. FEI Number		Applied For
— ·	2. Principal Place of Business 2a. Mailing Address					59-2878674	-	Not Applicable
26 Suite, Apt. #, etc. Suite, Apt. #, etc.								5 Additional
22 27						=5. Certificate of Status Desired		Required
City & State		City & State			6. Election Campaign Financing	\$5.0	May Be	
23		28		\	Trust Fund Contribution		d to Fees	
Zip Country		Zip	_ · ·			8. This corporation owes the current	year Intangible	_
24	25 29		30			Personal Property Tax.		
		N1	10. Name and Address of New Registered Agent					
MOREJON, AGUSTIN J.			81	Name				
3434 W. COLUMBUS DR., SUITE 106			82	82 Street Address (P.O. Box Number is Not Acceptable)				
TAMPA FL 33607			83					
			3					
			84	City	_	-	FL 85 Z	ip Code
11 Pursuant	to the provisions of Sections 607.0502	and 607 1508 Florida Statutes.	the above	a-named	corpor	ation submits this statement for the pu	mose of changing	its registered
office or r	registered agent, or both, in the State of m familiar with, and accept the obligati	of Florida. Such change was auth	orized by	the corpo	oration'	s board of directors. I hereby accept the	ne appointment as	registered
	a Mi FILM	ons of, section dov. 0303, mond.	a Otalules	•		a	-3-99	
SIGNATURE(Signature, typed or printed name of registered agent		gistered Ager	t signature n	equired w	rhen reinstating)	DATE	
12.	OFFICERS AND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFIC		
TITLE	MOREJON, AGUSTIN J.			1.1 TITLE 1.2 NAME			☐ Chang	ge 🔲 Addition
NAME								ļ
STREET ADDRESS				1.3 STREET ADDRESS				ĺ
CITY-ST-ZIP			1.4 CTTY-S	Γ-ZiP	D		Chang	ge X Addition
TITLE			2.1 ITILE 2.2 NAME	2.1		A DO TON		
- NAME			2.3 STREET ADDRESS 34		コクタ	W-J-MOREJON	,	_
STREET ADDRESS	\ .					NPA, FL 33607		<i>'</i>
CITY-ST-ZIP TITLE			3.1 TITLE	· I · CAR	D		Chang	e 🗖 Addition
NAME	•		3.2 NAME		-	LTHA MOREJON	-	
STREET ADDRESS						by w Columbus Dr.		}
CITY-ST-ZIP	•		3.4. CITY-S		TAN			
TITLE			4.1 TITLE				Chang	ge Addition
NAME	4.21		4. 2 NAME	ì				İ
STREET ADDRESS	ESS 4.35		4.3 STREET ADDRESS					
CITY-ST-ZIP			4.4 CITY-S	T- ZIP				
TITLE			5.1 TITLE			•	Chang	ge Addition
NAME			5.2 NAME			•		}
STREET ADDRESS			5.3 STREET			•		
CITY-ST-ZIP	<u> </u>		5.4 CITY-S	1-2119	<u> </u>		☐ Chan	ge Addition
TITLE	la Chr. Allaca			6.1 HILE 6.2 NAME		•		go
NAME			1	*NDEGG				ł
STREET ADDRESS			6.3 STREET ADDRESS 6.4 City-St-Zip					
CITY-ST-ZIP			0.4 (41 11-5	L IF	I			

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 employered 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:

CITY-ST-ZIP