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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P38489** (1)

1. Corporation Name
AFI MORTGAGE CORP.

Principal Place of Business	Mailing Address
5425 MARTINDALE SHAWNEE KS 66218 US	PO BOX 3217 SHAWNEE KS 66203-0217 US

3. Date Incorporated or Qualified: 04/24/1992
3a. Date of Last Report: 03/25/1996

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24:
Country — 25:
Zip — 29:
Country — 30:

4. FEI Number: 47-0643940 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	☐ DELETE	1.1 TITLE	V	☒ Change ☐ Addition
NAME	PETERSON, STEVEN J.		1.2 NAME	Peterson, Steven J.	
STREET ADDRESS	9109 LICHENAUER, 294		1.3 STREET ADDRESS	9109 Lichenauer, 294	
CITY-ST-ZIP	LENEXA KS		1.4 CITY-ST-ZIP	Lenexa KS	
TITLE	DS	☒ DELETE	2.1 TITLE	CFO	☐ Change ☒ Addition
NAME	PETERSON, MARK J.		2.2 NAME	Towery, Debbie K.	
STREET ADDRESS	5103 IZARD		2.3 STREET ADDRESS	12834 Bond	
CITY-ST-ZIP	OMAHA NE		2.4 CITY-ST-ZIP	Overland Park KS	
TITLE	P	☒ DELETE	3.1 TITLE	P, D	☐ Change ☒ Addition
NAME	BELL, RAY W		3.2 NAME	Moffatt, William E.	
STREET ADDRESS	5425 MARTINDALE		3.3 STREET ADDRESS	22711 Teakwood	
CITY-ST-ZIP	SHAWNEE KS		3.4 CITY-ST-ZIP	Mission Viejo CA	
TITLE	VD	☒ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	HUEY, BRUCE		4.2 NAME	Scheich, Thomas	
STREET ADDRESS	7809 WOODSTONE		4.3 STREET ADDRESS	3910 South Street	
CITY-ST-ZIP	LENEXA KS		4.4 CITY-ST-ZIP	Lincoln NE	
TITLE	V	☐ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	MORRIS, WILLIAM		5.2 NAME	Starozewski, Daniel	
STREET ADDRESS	6362 HILLTIP		5.3 STREET ADDRESS	923 Burke St.	
CITY-ST-ZIP	SHAWNEE KS		5.4 CITY-ST-ZIP	Winston Salem NC	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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: Debbie K. Towery
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

913-441-1160 x 3072
Daytime Phone #