

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

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90183 040 ***150.00

DOCUMENT # P92000010216

1. Corporation Name

AAA ADVANTAGE MORTGAGE CORPORATION

Principal Place of Business

24703 US 19 N
STE #215
CLEARWATER FL 34623
US

Mailing Address

4815 ORANGE GROVE WAY
PALM HARBOR FL 34684

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/07/1992

4. FEI Number

59-3154932

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

Yes

☐

No

2. Principal Place of Business

21 24703 US 19 N

Suite, Apt. #, etc.

22 STE #215

City & State

23 Clearwater FL

Zip

24 33763

Country

25 USA

2a. Mailing Address

26 24703 US 19 N

Suite, Apt. #, etc.

27 STE #215

City & State

28 Clearwater, FL

Zip

29 33763

Country

30 USA

9. Name and Address of Current Registered Agent

MILLER, BRUCE J
4815 ORANGE GROVE WAY
PALM HARBOR FL 34684

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

Bruce J. Miller
Signature, typed or printed name of registered agent and title if applicable.

Bruce J. Miller

(NOTE: Registered Agent signature required when reinstating)

4-20-99

DATE

12. OFFICERS AND DIRECTORS

T ☐ DELETE

NAME MILLER, BRUCE
STREET ADDRESS 4815 ORANGE GROVE WAY
CITY-ST-ZIP PALM HARBOR FL 34684

P ☐ DELETE

NAME MILLER, ANNETTE
STREET ADDRESS 4815 ORANGE GROVE WAY
CITY-ST-ZIP PALM HARBOR FL 34684

☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Bruce J. Miller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-20-99 727-725-7777

0497172

CDEN034 11091