

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000006535 (6)**

1. Corporation Name

**AMERICAN MORTGAGE CENTER, INC.**



Principal Place of Business

Mailing Address

1900 TAMiami TRAIL  
#D  
PUNTA GORDA FL 33950  
US

1900 TAMiami TRAIL  
PUNTA GORDA FL 33950

3. Date Incorporated or Qualified **01/26/1994** 3a. Date of Last Report **04/28/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FBI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		<b>65-0465773</b>	Not Applicable
22	City & State	27	City & State	5.	Certificate of Status Desired	<b>\$8.75 Additional Fee Required</b>
					<input checked="" type="checkbox"/>	
23	Zip	28	Zip	6.	Election Campaign Financing Trust Fund Contribution	<b>\$5.00 May Be Added to Fees</b>
					<input type="checkbox"/>	
24	Country	29	Country	8.	This corporation has liability for intangible tax under s 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

AMBERG, DAVID A  
1900 TAMiami TRAIL  
PUNTA GORDA FL 33950

81 Name **Patricia A. Amberg**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**1900 Tamiami Trail - D**  
83  
84 City **Punta Gorda** FL 85 Zip Code **33950**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*Patricia A. Amberg* President - Sec. Treas. 3-20-96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DPVS</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>President - Secretary</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>AMBERG, DAVID A</b>	1.2 NAME	<b>Patricia A. Amberg</b>
STREET ADDRESS	<b>1900 TAMiami TRAIL</b>	1.3 STREET ADDRESS	<b>1900 Tamiami Trail - D</b>
CITY - ST - ZIP	<b>PUNTA GORDA FL 33950</b>	1.4 CITY - ST - ZIP	<b>Punta Gorda FL 33950</b>
TITLE	<b>DT</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>AMBERG, PATRICIA A</b>	2.2 NAME	<b>I now hold all positions,</b>
STREET ADDRESS	<b>1900 TAMiami TRAIL</b>	2.3 STREET ADDRESS	<b>I am the only</b>
CITY - ST - ZIP	<b>PUNTA GORDA FL 33950</b>	2.4 CITY - ST - ZIP	<b>Director</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Patricia A. Amberg* President Secy 3-20-96 941-6398800  
Treas

Date

Daytime Phone #

CR2E034 (12/95)