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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

P9400006535 (6) DOCUMENT # Corporation Name

ALACDIOAN	MACOTOMO	ACMITTO	INIO
AMERICAN	MORTGAGE	CENTER.	INC.

Mailing Address Principal Place of Business 1900 TAMIAMI TRAIL 1900 TAMIAMI TRAIL PUNTA GORDA FL 33950 PUNTA GORDA FL 33950 3a. Date of Last Report 3. Date Incorporated or Qualified 04/28/1995 01/26/1994 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 65-0465773 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 28 23 8. This corporation has liability for intangible tax under s 199.032, Zio Country Zip Florida Statutes Yes No 30 25 29 24 10. Name and Address of New Registered Agent 9 Name and Address of Current Registered Agent 81 Name atricia ss (P.O. Box Number is Not Acceptable AMBERG, DAVID A 82 00 aniani 1900 TAMIAMI TRAIL **B3 PUNTA GORDA FL 33950** Zip Code 33950 84 Gorda unta 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 porporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligation of 507.0505 Florida Statutes. Win Prosident-Su-tres. 3-20-96 SIGNATURE gistered Agent e of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

President - Secrety Schange

Change Addition OFFICERS AND DIRECTORS 12 DELETE DPVS TITLE **CR2E034** 1.2 NAME AMBERG, DAVID A NAME 1900 TAMIAMI TRAIL 1.3 STREET ADDRESS STREET ADDRESS **PUNTA GORDA FL 33950** 1.4 CITY - ST- ZIE CITY - ST - ZIP DELETE TITLE I now hold all positions,

I am the only Change Addition AMBERG, PATRICIA A 2.2 NAME NAME 1900 TAMIAMI TRAIL 2.3 STREET ADDRESS STREET ADDRESS **PUNTA GORDA FL 33950** 24 CITY - ST - ZIP CITY - ST - ZIP Change Addition DELETE 3 1 TITLE TITLE 3.2 NAME NAME STREET ADORESS 3.3. STREET ADDRESS CITY - S1 - ZIP -34 CITY - ST-ZIP Addition DELETE. 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 5 1 TITLE 11/116 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY - ST - ZIP COLY - ST- ZOP DELFTE 6 1 TITLE ☐ Change Add-tion TILLE 6.2 NAME NAME 63 STREET ADDRESS STREET ADDRESS 6 4 CITY - ST - ZIP 14. I do hereby certify that the information supplied with this filing is voluntarly 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 phanging or on an attachment with an address.

Secy 3-20-96 94/-6798803 SIGNATURE: