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**Apr 07 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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
1900 TAMiami TRAIL #D PUNTA GORDA FL 33950 US

Mailing Address
1900 TAMiami TRAIL PUNTA GORDA FL 33950-5918

3. Date Incorporated or Qualified 01/26/1994	3a. Date of Last Report 04/25/1996
4. FEI Number 65-0465773	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 <i>Same</i>	2a. Mailing Address 26 <i>Same</i>
22 Suite, Apt #, etc. <i>H C</i>	27 Suite, Apt #, etc. <i>H C</i>
23 City & State	28 City & State
24 Zip <i>Same</i> Country	29 Zip <i>Same</i> Country
25	30

9. Name and Address of Current Registered Agent
**AMBERG, PATRICA A.
1900 TAMiami TRAIL -D-
PUNTA GORDA FL 33950**

10. Name and Address of New Registered Agent

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

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: *Patricia A. Amberg* **Patricia A. Amberg** 3-27-97
Signature of original and name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstalling) DATE

12. OFFICERS AND DIRECTORS

TITLE DPVS	NAME AMBERG, DAVID A	STREET ADDRESS 1900 TAMiami TRAIL	CITY - ST - ZIP PUNTA GORDA FL 33950	<input type="checkbox"/> DELETE
TITLE PS	NAME AMBERG, PATRICA A	STREET ADDRESS 1900 TAMiami TRAIL	CITY - ST - ZIP PUNTA GORDA FL	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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: *Patricia A. Amberg* **Patricia A. Amberg** 3-27-97 941-6390550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)