SIGNATURE:

PROFIT FLORIDA DEPARTMENT OF STATE AMENDED ANNUAL REPORT CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1997 97 SEP 17 PM 3: 20 DOCUMENT # P94000091818 SECRETARY OF STATE TALLAHASSEE, FLORIDA ALL AMERICAN MORTGAGE LENDERS, INC. Principal Place of Business Mailing Address 1231 STATE ROAD 60 SAME VERO BEACH, FL 32960 3. Date Incorporated or Qualified 3a. Date of Last Report 2/21/97 12/20/94 2a. Mailing Address SAME 2. Principal Place of Business 4. FEI Number Applied For 1231 STATE ROAD 60 65-0545395 Not Applicable Suite, Apt. #, elc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing **\$5.00** May Be VERO BEACH, FL 23 28 Trust Fund Contribution Added to Fees Country Zip Country 8. This corporation has liability for intengible tax under s. 199.032, Yes No 24 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name SAME JOHN T. JETSON Street Address (P.O. Box Number is Not Acceptable) 1231 STATE ROAD 60 VERO BEACH, FL 83 84 City 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: Signature. Typical or printed name of registered agent and bille if applicable (NOTE Registered Agent argusture required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12, 13. DELETÉ 1.1 TITLE Change Addition TIFLE DIRECTOR **700002295947--**-09/17/97--01091--010 1.2 NAME NAME JOHN T. JETSON 1.3 STREET ADDRESS STREET ADDRESS 1231 STATE ROAD 60 VERO BEACH, FL 32960 *****61.25 *****61.25 CITY-ST-ZIP 1.4 CHTY - ST - ZIP X Change DELETE MILE 2.1 TITLE PRESIDENT/DIRECTOR PRESIDENT MATTHEW HAYWARD 22 NAME PAUL J. DELGROSSO 2 3 STREET ADDRESS STREET ADDRESS 1231 STATE ROAD 60 1231 STATE ROAD 60 CITY-ST-ZIP 2. 4 CITY+ST-ZIF VERO BEACH, FL 32960 VERO BEACH, FL 3296 DELETE VICE PRESIDENT Change ncitibbA 3 1 TITLE TITLE VICE PRESIDENT NAME 3 2 NAME PAUL J. DELGROSSO MATTHEW HAYWARD 1231 STATE ROAD 60 VERO BEACH, FL 32960 3.3 STREET ADDRESS STREET ADDRESS 1231 STATE ROAD 60 3.4 CITY-ST-ZIP CITY-SI-ZIP VERO BEACH, FL 32960 DELETE Addition 4 1 10LE V Change SECRETARY SECRETARY THLE 4. 2 NAME NAME MATTHEW HAYWARD RAE HAYWARD STREET ADDRESS 4.3 STREET ADDRESS 1231 STATE ROAD 60 1231 STATE ROAD 60 44 CHY-ST-ZIP VERO BEACH, FL 32960 CITY - ST - ZIP VERO BEACH, FL 32960 DELETE Change XX Addition 5.1 TITLE THILE TREASURER **5.2 NAME** BETTY FLYNN 5.3 STREET ADDRESS STREET ADDRESS 1231 STATE ROAD 60 5 4 CITY - ST - 7IP CITY-ST-ZIP VERO BEACH, FL 32960 DELETE Change Addition 6 1 TITLE 62 NAME **63 STREET ADDRESS** STREET ADDRESS 6 4 CITY - S1 - 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 or on an attachment with an address.

TED NAME OF SIGNING OFFICER OR DIRECTOR

464-7050