## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION ANNUAL REPORT** 

**19**98



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000091818 (2)

ALL AMERICAN MORTGAGE LENDERS, INC.

## **FILED** May 19 1998 8:00am Secretary of State



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Principal Place of Business Mailing Address					C DEDIAGON OID MAIN BIRN OBIEN BORN CONTO	FBFB) filer felel fiber fell fige
1231 STATE ROAD 60 VERO BEACH FL 32960		1231 STATE ROAD 60 VERO BEACH FL 32960		DO NOT WRITE IN THIS SPACE		
					3. Date incorporated or Qualified	
	,				12/20/1994	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For	
Suite, Apt. #, etc.		Suite, Apt #, etc.		65- <u>05</u> 45395	Not Applicable	
22		F	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		Cily & State			6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Cou	ntry	8. This corporation owes or has paid the	current year Intangible
24	25	29	30		Personal Properly Tax due June 30. Yes No	
9. Name and Address of Current Registered Agent  IETCON IOLIN T  81 Name					10. Name and Address of New Registers	od Agent
JETSON, JOHN T			81 Name			
	31 <b>S</b> TATE ROAD 60 RO <b>B</b> EACH FL 32960		Ī	82 Street Add	ress (P.O. Box Number is Not Acceptable)	
T TC	NO DENOTIFE 32800		•	83		
			}	84 City		lee 7:- C-V-
					F	
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				-14-0-		
	Signature, typed or printed name of registered a			Ageril signature requi		
12.	OFFICERS A	ND DIRECTORS DELETE	13.	16	ADDITIONS/CHANGES TO OFFICERS A	
NAME	JETSON, JOHN T	בן טננונ	1.1 TIT 1.2 NA			Change Addition
STREET ADDRESS	1231 STATE ROAD 60			RÉET ADDRESS		
CITY-ST-ZIP	VERO BEACH FL 32960			Y - \$1 - ZIP		
TITLE	PSD	DELETE	2.1 101			Change Addition
NAME	HAYWARD, MATTHEW		2.2 NAI			Lij onengo Lij radition
STREET ADDRESS	1231 STATE ROAD 60			REET ADDRESS		
CITY-ST-ZIP	VERO BEACH FL			Y-S1-ZIP		
TITLE	<b>V</b>	DELETE 31 TII				Change Addition
NAME	<b>DELGROSSO</b> , PAUL J		3.2 NAI	ME		
STREET ADDRESS	1231 STATE ROAD 60		3.3 STF	ieet address		
CITY-ST-ZIP	VERO BEACH FL 32960			Y-ST- <b>Z</b> IP		
TITLE	FLVANA GETTA	☐ DELETE	4.1 101			Change Addition
NAME	FLYNN, BETTY		4. 2 NA	ME		
STREET ADDRESS	1231 STATE ROAD 60			EET ADDRESS		
CITY-ST-ZIP	VERO BEACH FL 32960	DELETE		Y · ST · ZIP		
TITLE		DELETE	5.1 TITI			☐ Change ☐ Addition
NAME OTREET ADDRESS			5 2 NA1			
STREET ADDRESS				EET ADDRESS		
CITY-ST-ZIP TITLE		DELETE		Y · ST · ZIP		Change Addition
		ריו הנוננונ	611111	- 1		Change Addition
NAME Street address			6.2 NAM	ŀ		
CITY-ST-ZIP				EET ADDRESS		
UIT-91-ZIF			64 UII	Y-ST-7IP		

14. Thereby 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 logal effect as if made under oath; that I am an officer or director of the corporation or the receiver or frustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or op an attachment with an address.