Applied For Not Applicable

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

□No

Yes

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000091818

Corporation Name

Suite, Apt. #, etc.

City & State

21

22

23

24

Zip

ALL AMERICAN MORTGAGE LENDERS, INC.

1231 STATE ROAD 60 VERO BEACH FL 32960	1231 STATE ROAD 60
	VERO BEACH FL 32960
2. Dringing Place of Business	2a Mailing Address

26

27

28

Suite, Apt. #, etc.

City & State

Zip

| 25 | 29 | 9. Name and Address of Current Registered Agent

JETSON, JOHN T

Country

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90207 038 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

Street Address (D.O. Roy Number is Not Accordable)

12/20/1994 4. FEI Number

65-0545395

1231 STATE ROAD 60				2 Street Address (F.O. Box Hulliber is Not Acceptable)					
VERO BEACH FL 32960					•				
			84	City	FL	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 type of crinted name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered 12. OFFICERS AND DIRECTORS 13.									
TITLE	D	DELETE	1.1 TITLE			☐ Char			
	JETSON, JOHN T	_	1.2 NAME			_			
NAME	1231 STATE ROAD 60		1.3 STREET	ADDDCCC					
STREET ADDRESS									
CITY-ST-ZIP	VERO BEACH FL 32960	☐ DELETÉ	1.4 CITY-ST 2.1 TITLE	-ZIP		Char	nge		
TITLE	PSD MATTUEN	L_] DELETE					.gc		
NAME	HAYWARD, MATTHEW		2.2 NAME						
STREET ADDRESS	1231 STATE ROAD 60		2.3 STREET	ADDRESS					
CITY-ST-ZIP	VERO BEACH FL		2.4 CITY-5	T-ZIP		=			
TITLE	V	☐ DELETE	3.1 TITLE			☐ Chai	nge 🔀 Addition		
NAME	DELGROSSO, PAUL J		3.2 NAME						
STREET ADDRESS	1231 STATE ROAD 60		3.3 STREET	ADDRESS					
CITY-ST-ZIP	VERO BEACH FL 32960		3.4. CITY-S	T-ZIP					
TITLE	T	☐ DELETE	4.1 TITLE			☐ Chai	nge 📋 Addition 🕽		
NAME	FLYNN, BETTY		4. 2 NAME						
STREET ADDRESS	1231 STATE ROAD 60		4.3 STREET	ADDRESS					
CITY-ST-ZIP	VERO BEACH FL 32960		4.4 CITY-ST	-ZiP			Ì		
TITLE		☐ DELETE	5.1 TITLE			☐ Cha	nge 🔲 Addition		
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREET	ADDRESS			}		
CITY-ST-ZIP	5.4 CT			-ZIP					
TITLE		☐ DELETE	6.1 TITLE	.,		Cha	nge 🗌 Addition		
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREET	ADDRESS]		
CITY-ST-ZIP			6.4 CITY-\$1						
14. I hereby c	ertify that the information supplied with	this filing does not qualify for the	e exempti	on stated	in Section 119.07(3)(i), Florida Statutes. I further certi	fy that i	he information hat I am an		

Country

81 Name

30

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, with all other like empowered.

SIGNATURE

TURE AND PAPED OR PRINTED NAME OF SICHING OFFICER OR DIRECTOR

4 28 99

(561) 770-1250

2E034 (11/98)