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FILED

Jan 30 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 # P95000012769 (2)

1. Corporation Name

AMERICAN MORTGAGE SECURITIES, INC.

Principal Place of Business

1250 ROGERS STREET  
SUITE F  
CLEARWATER FL 34616

Mailing Address

1250 ROGERS STREET  
SUITE F  
CLEARWATER FL 34616-6827



3. Date Incorporated or Qualified

02/09/1995

3a. Date of Last Report

04/12/1996

2. Principal Place of Business

21 601 CLEVELAND STREET

Suite, Apt. #, etc.

22 SUITE 370

City & State

23 CLEARWATER, FL

Zip

24 34615

Country

25 USA

2a. Mailing Address

26 601 CLEVELAND STREET

Suite, Apt. #, etc.

27 SUITE 370

City & State

28 CLEARWATER, FL

Zip

29 34615

Country

30 USA

4. FEI Number

59-3293737

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

STIRLING, J. R.

1250 ROGERS STREET

SUITE F

CLEARWATER FL 34616

10. Name and Address of New Registered Agent

81 Name

J. R. STIRLING

82 Street Address (P.O. Box Number is Not Acceptable)

601 CLEVELAND STREET

83

SUITE 370

84 City

CLEARWATER

FL

85 Zip Code

34615

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

*J. R. Stirling* PRESIDENT

J. R. STIRLING 1/23/97

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSTD ☐ DELETE

NAME STIRLING, J. R.  
STREET ADDRESS 1250 ROGERS STREET, SUITE F  
CITY - ST - ZIP CLEARWATER FL 34616

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE (ADDRESS ONLY) ☒ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS 601 CLEVELAND STREET SUITE 370  
1.4 CITY - ST - ZIP CLEARWATER, FL 34615

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ 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:

*J. R. Stirling* PRESIDENT  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. R. STIRLING 1/23/97 813-447-1153

Date

Daytime Phone #

CR2E034 (9/96)