

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 01, 1999 8:00 am
Secretary of State

06-01-1999 90035 038 ***158.75

DOCUMENT # P95000026560

1. Corporation Name

AFFIRMATIVE MORTGAGE LOANS, INC.

Principal Place of Business

6471 102 AVENUE
PINELLAS PARK FL 33782

Mailing Address

6471 102 AVENUE
PINELLAS PARK FL 33782

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/04/1995

4. FEI Number

59-3305626

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 13191 Starkey Rd. Suite 11

2a. Mailing Address

26 13191 Starkey Rd. Suite 11

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Largo, FL

City & State

28 Largo, FL

Zip Country

24 33773-1438 25 U.S.A.

Zip Country

29 33773-1438 30 U.S.A.

9. Name and Address of Current Registered Agent

DUART, JEFFREY A
6471 102 AVENUE
PINELLAS PARK FL 33782

10. Name and Address of New Registered Agent

81 Name

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

83

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

(NOTE: Registered Agent signature required when re-appointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME DUART, JEFFREY A.
STREET ADDRESS 6471 102 AVENUE
CITY-ST-ZIP PINELLAS PARK FL 33782

TITLE ☐ DELETE

NAME DUART, LINDA L.
STREET ADDRESS 6471 102 AVENUE
CITY-ST-ZIP PINELLAS PARK FL 33782

TITLE ☐ DELETE

NAME BILLERA, JOSEPH JR
STREET ADDRESS 6471 102 AVENUE
CITY-ST-ZIP PINELLAS PARK FL 33782

TITLE ☐ DELETE

NAME SHERLOCK, RICHARD
STREET ADDRESS 6471 102 AVENUE
CITY-ST-ZIP PINELLAS PARK FL 33782

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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 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, on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)