

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Aug 26 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 # P95000044109 (3)

1. Corporation Name
AFFIRMATIVE MORTGAGE CORPORATION

Principal Place of Business
1000 W. MCNAB ROAD
POMPANO BEACH FL 33069

Mailing Address
1000 W. MCNAB ROAD
POMPANO BEACH FL 33069



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/24/1995

3a. Date of Last Report
04/10/1996

4. FEI Number
65-0284591

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 or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 1655 Palm Beach Lakes Blvd

Suite, Apt. #, etc.
22 Suite 905

City & State
23 West Palm Beach, FL

Zip
24 33401

Country
25 Palm Beach

2a. Mailing Address

26 1655 Palm Beach Lakes Blvd

Suite, Apt. #, etc.
27 Suite 905

City & State
28 West Palm Beach, FL

Zip
29 33401

Country
30 Palm Beach

9. Name and Address of Current Registered Agent

MELTON, MICHELLE
1000 W. MCNAB ROAD
POMPANO BEACH FL 33069

10. Name and Address of New Registered Agent

81 Name
Michelle Melton
82 Street Address (P.O. Box Number is Not Acceptable)
1655 Palm Beach Lakes Blvd
83 Suite 905
84 City
West Palm Beach FL
85 Zip Code
33401

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
D
NAME
MELTON, MICHELLE
STREET ADDRESS
1000 W. MCNAB ROAD
CITY-ST-ZIP
POMPANO BEACH FL 33069

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
President
1.2 NAME
Michelle Melton
1.3 STREET ADDRESS
1655 Palm Beach Lakes Blvd, Suite 905
1.4 CITY-ST-ZIP
West Palm Beach, FL 33401

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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: 8/21/97 (561)689-9027

CR2E034 (4/97)