

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

FILED
Mar 14, 1999 8:00 am
Secretary of State

03-14-1999 90022 027 ***150.00

DOCUMENT # P95000057404

1. Corporation Name
AMERICAN CAPITAL MORTGAGE CORP.

Principal Place of Business
1804 N UNIVERSITY DR
STE B
PLANTATION FL 33322
US

Mailing Address
1804 N UNIVERSITY DR
STE B
PLANTATION FL 33322
US



DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

07/25/1995

4. FEI Number
65-0596349

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

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ESPINOZA, JOSE
8025 NORTHWEST 41ST COURT
SUNRISE FL 33351

81 Name

Espinoza Jose

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

83 1804 N. University Dr suite B
84 City Plantation FL 85 Zip Code 33322

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME ESPINOZA, JOSE
STREET ADDRESS 8025 NORTHWEST 41ST COURT
CITY-ST-ZIP SUNRISE FL 33351

1.1 TITLE PD
1.2 NAME Jose Espinoza
1.3 STREET ADDRESS 1050 Coral Ridge Dr. Apt 102
1.4 CITY-ST-ZIP Coral Springs FL 33071

TITLE V
NAME EXPINOZA, DANIEL
STREET ADDRESS 815 TWIN LAKES DR
CITY-ST-ZIP CORAL SPRINGS FL 33071

2.1 TITLE V
2.2 NAME Daniel Espinoza
2.3 STREET ADDRESS 137 NW 95 LN
2.4 CITY-ST-ZIP Coral Springs FL 33071

TITLE S
NAME Elizabeth Espinoza
STREET ADDRESS 8025 N.W. 41 CT
CITY-ST-ZIP Sunrise FL 33351

3.1 TITLE Secretary
3.2 NAME Elizabeth Espinoza
3.3 STREET ADDRESS 8025 NW 41 CT
3.4 CITY-ST-ZIP Sunrise FL 33351

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jose A. Espinoza P

Date

Daytime Phone #

02/01/99 (954) 423-9213

CR2E034 (11/98)