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PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000070229 (6)**

1. Corporation Name

AMERICA'S MORTGAGE ASSOCIATES, INC.

Principal Place of Business	Mailing Address
1100 S.W. ST. LUCIE WEST BLVD. SUITE 203 PORT ST. LUCIE FL 34986	1100 S.W. ST. LUCIE WEST BLVD. SUITE 203 PORT ST. LUCIE FL 34986

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2. Principal Place of Business	2a. Mailing Address
21 1100 SW St. Lucie West Blvd	26 1100 SW St. Lucie West Blvd
Suite, Apt. #, etc. 22 204	Suite, Apt. #, etc. 27 204
City & State 23 Port St. Lucie, FL	City & State 28 Port St. LUcie, FL
Zip / Country 24 34986 / 25 USA	Zip / Country 29 34986 / 30 USA

3. Date Incorporated or Qualified: 09/12/1995
3a. Date of Last Report: N/A

4. FEI Number: [X] 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 [X] No

9. Name and Address of Current Registered Agent

NAVARETTA, STEPHEN ESQ.
1100 S.W. ST. LUCIE WEST BLVD.
SUITE 203
PORT ST. LUCIE FL 34986

10. Name and Address of New Registered Agent

81 Name: Randall A. Ezell,
82 Street Address (P.O. Box Number is Not Acceptable): 1100 SW St. Lucie West Blvd
83: Suite 204
84 City: Port St. LUcie, FL — FL — 85 Zip Code: 34986

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: X _____ 6/12/96
Signature, typed or printed name of registered agent and date of signature. (NOTE: Registered Agent's signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] DELETE	1.1 TITLE (P) 1.2 NAME: President 1.3 STREET ADDRESS: Jeffrey R. Morton 1.4 CITY-ST-ZIP: 9429 Seagrape Drive Vero Beach, FL 32963	[ ] Change [XX] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] DELETE	2.1 TITLE (VP) 2.2 NAME: Vice President 2.3 STREET ADDRESS: Michael R. Bollinger 2.4 CITY-ST-ZIP: 2512 SE Anchorage Cove C-3 Port St. Lucie, FL 34952	[ ] Change [X] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] DELETE	3.1 TITLE (S,T) 3.2 NAME: Secretary/Treasurer 3.3 STREET ADDRESS: Randall A. Ezell 3.4 CITY-ST-ZIP: 610 Malabar Avenue Fort Pierce, FL 34949	[ ] Change [X] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] DELETE	4.1 TITLE (D) 4.2 NAME: Director 4.3 STREET ADDRESS: J. Hal Roberts, JR. 4.4 CITY-ST-ZIP: 2401 Dade Road Fort Pierce, FL 34982	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] DELETE	5.1 TITLE (D) 5.2 NAME: Skiles, David W. 5.3 STREET ADDRESS: 2662 SE Emmett Avenue 5.4 CITY-ST-ZIP: Port St. LUcie, FL 34952	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	[ ] Change [ ] Addition

BK DEP # 200.00

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: _____ SEC 5/31/96 407-340-3688
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Randall A Ezell