03-04-1999 90164 044 \*\*\*150.00

## 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

## DOCUMENT # **P95000093857**1. Corporation Name

ASSOCIATED MORTGAGE COMPANY

Principal Place	of Business	Mailing Address				
8101 SOUTHSIDE BLVD 8101 SOUTHSIDE BLVD.						
SUITE 1 SUITE 1					DO NOT WRITE IN TH	IS SPACE
JACKSONVILLE FL 32256 JACKSONVILLE FL 32256					Date Incorporated or Qualifed	
					12/11/1995	
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			59-3355714	Not Applicable
		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27			5. Certificate of Otatus Desired	Fee Required
City & State	В	City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country		8. This corporation owes the current year	Intangible ☐ Yes ☐ No
24	25		30		Personal Property Tax.  10. Name and Address of New Registers	
	9. Name and Address of Curre	ent Registered Agent	81	Name	10. Name and Address of New Registers	<u>g rigent</u>
SAYEED, M F						
8101 SOUTHSIDE BLVD.			82	Street Add	dress (P.O. Box Number is Not Acceptable)	i i
SUITE 1			83			
JACKSONVILLE FL 32256						
			84	City	F	85 Zip Code
44 Purcuant	to the provisions of Sections 607.05	502 and 607 1508 Florida Statute	s, the above	L e-named cor	rogration submits this statement for the nurnose	of changing its registered
office or re agent. I as SIGNATURE	egistered agent, or both, in the State m familiar with, and accept the oblig Signature, typed or printed name of registered ag	gations of, Section 607.0505, Flori	da Statutes	i. 	tion's board of directors. I hereby accept the application of directors and the second of directors. I hereby accept the application of directors.	
12.	OFFICERS AND DIRECTORS		13.	it organization respectively.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	D	☐ DELETE				☐ Change ☐ Addition
NAME **	SAYEED, M F		1.2 NAME			
STREET ADDRESS	8101 SOUTHSIDE BLVD. SUITE 1		1.3 STREE	TADORESS		
CITY-ST-ZIP	JACKSONVILLE FL 32256		1.4 CITY- S	T-ZIP		
TITLE		☐ DELETE 2.11				☐ Change ☐ Addition
NAME	221		2.2 NAME			
STREET ADDRESS			2.3 STREE	TADDRESS		
CITY-ST-ZIP			2. 4 CITY-5	ST-ZIP		
TITLE	☐ DELETE 3.1		3.1 TITLE			☐ Change ☐ Addition
NAME			3.2 NAME		·	İ
STREET ADDRESS			3.3 STREE	T ADDRESS		
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP		
TITLE	☐ DELETE		4,1 TITLE			☐ Change ☐ Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREE	TADDRESS		
CITY-ST-ZIP			4.4 CITY- S	T-ZIP -	and the second s	· · ·
TITLE		DELETE	5.1 TITLE			☐ Change ☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREE	TADDRESS		
CITY-ST-ZIP			5.4 CITY- S	T-ZIP		
TITLE		☐ DELETE	6.1 TITLE	1		☐ Change ☐ Addition
NAME			6.2 NAME	1		

6.4 CITY-ST-ZIP 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.

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS