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FILED

May 30 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000019635 (7)

1. Corporation Name

FIRST AMERICAN CAPITAL MORTGAGE CORPORATION

Principal Place of Business

301 NORTH FERNCREEK AVENUE
ORLANDO FL 32803

Mailing Address

301 NORTH FERNCREEK AVENUE
ORLANDO FL 32803-5400

3. Date Incorporated or Qualified

03/04/1996

3a. Date of Last Report

N/A

4. FEI Number

59-3366620

Applied For

Not Applicable

6. Certificate of Status Desired

X

\$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

☒ No

2. Principal Place of Business

457 S. GRANT ST

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Longwood FL

City & State

Longwood FL

Zip

32750

Country

USA

Zip

32750

Country

USA

9. Name and Address of Current Registered Agent

MCLARRY, GEORGE C
301 NORTH FERNCREEK AVENUE
ORLANDO FL 32803

10. Name and Address of New Registered Agent

B1 Name

BILL NEGRON

B2 Street Address (P.O. Box Number is Not Acceptable)

457 S. GRANT ST

B3

B4

City

Longwood

FL

B5

Zip Code

32750

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

5-19-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

D

NAME

NEGRON, BILL

STREET ADDRESS

676 COACHLIGHT DRIVE

CITY-ST-ZIP

FERN PARK FL 32730

TITLE

D

NAME

RIVERA, GILBERTO

STREET ADDRESS

CARRETERA 164, KM 16.2

CITY-ST-ZIP

COROZSAL, PUERTO RICO 00783

TITLE

D

NAME

LOPEZ, FELIX

STREET ADDRESS

1802-3 S. CRYSTAL LAKE DR.

CITY-ST-ZIP

ORLANDO FL 32808

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-30-97 (407) 834-1600

CR2E034 (9/96)