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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # DOCOCOLOGS

1. Corporation	MERICAN CAPITAL MORTO				
!			_		
Principal Place	e of Business	Mailing Address			
457 S. GRANT	\$T	457 S. GRANT ST			
LONGWOOD FL 32750 LONGWOOD FL 32750			DO NOT WRITE IN TH	HIS SPACE	
US		US		3. Date Incorporated or Qualifed	
				03/04/1996	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3366620	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State	e	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zıp	Country	8. This corporation owes the current year	
24	25		30	Personal Property Tax.	Yes X00
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Register	ed Agent
MOL	ADDY CEODOC		81 Name	SIII NEGRON	-
MCLARRY, GEORGE			82 Street Addr		
301 N. FERNCREEK AVE			45 1	F SOUTH GIERRY ST	
UHL	ANDO FL 32803		83		
			84 City	NG WOOD F	L 85 Zip Code
		0			L 32750
11. Pursuant	to the provisions of Sections 607.05	17 and 667\1508, Florida Statutes of Florida, Such change was au	s, the above-named corp thorized by the corporation	poration submits this statement for the purpose on's board of directors. I hereby accept the ap	pointment as registered
agent, l'a	m familiar with, and accept the one	ations of Section 607 0505, Flori	da Statule	on's board of directors. I hereby accept the ap	9
SIGNATURE	120/ 12	470V	Mendie	7 3-16-9	<u>/</u>
	Signature, typed or printed name of egistered age	4	Registered Agent signature require	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
12.	OFFICERS A	DELETE	11 TITLE	ADDITIONS/CHANGES TO CIT ICETO	Change Addition
TITLE	PD /	_ 555216	12 NAME		
NAME	NEGRON, BILL		13 STREET ADDRESS		
STREET ADDRESS	676 COACHLIGHT DRIVE		1		
CITY-ST-ZIP	FERN PARK FL 32730	DELETE	1 4 CITY-ST-ZIP 2 1 TITLE		Change Addition
TITLE	D LODEZ FELIX	3-246616	2 2 NAME		
NAME	LOPEZ, FELIX		2.3 STREET ADORESS		
STREET ADDRESS	ESTHER DR		ii i		
CITY-ST-ZIP	ORLANDO FL 32806	DELETE	2 4 CITY-ST-ZIP 3 1 TITLE		Change [] Addition
TITLE		to the table 1 les	3 2 NAME		·- ·-
NAME 070551 4000000			33 STREET ADDRESS		
STREET ADDRESS			34 CITY-ST-ZIP		
CITY-ST-ZIP		DELETE	4 1 TITLE		Change Addition
TITLE			4 2 NAME		
NAME CERCET ARRESTS			43 STREET ADDRESS		
STREET ADDRESS			44 CITY-ST-ZIP		
CITY-ST-ZIP		DELETE	5 1 TITLE		☐ Change ☐ Addition
TITLE		_ 5245.2	52 NAME		-
NAME			53 STREET ADDRESS		
STREET ADDRESS			5 4 CITY - ST - ZIP		
CITY-ST-ZIP TITLE		☐ DELETE	61 TITLE		Change Addition
		<u></u>	6.2 NAME		
NAME STREET ADDRESS			5 3 STREET ADDRESS		
GIVEF:WDDKE22					

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 receiper 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:

CITY-ST-ZIP