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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000019635			
1. Corporation Name FIRST AMERICAN CAPITAL MORTGAGE CORPORATION			
Principal Place of Business 457 S. GRANT ST LONGWOOD FL 32750 US		Mailing Address 457 S. GRANT ST LONGWOOD FL 32750 US	
2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25	Country	30	Country
9. Name and Address of Current Registered Agent MCLARRY, GEORGE 301 N. FERNCREEK AVE ORLANDO FL 32803			
10. Name and Address of New Registered Agent 81 Name BILL NEGRON 82 Street Address (P.O. Box Number is Not Acceptable) 457 SOUTH GRANT ST 83 84 City LONGWOOD FL 85 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 Bill Negron President 3-16-99 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	1.1 TITLE	
NAME	NEGRON, BILL	1.2 NAME	
STREET ADDRESS	676 COACHLIGHT DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	FERN PARK FL 32730	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	LOPEZ, FELIX	2.2 NAME	
STREET ADDRESS	ESTHER DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32806	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Daytime Phone #

CR2E034 (11/98)