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FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90053 003 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000056866

1. Corporation Name

AMERICAN MORTGAGE CAPITAL, INC.

Principal Place of Business

6190 N. W. 11TH ST.
FT. LAUDERDALE FL 33313

Mailing Address

6190 N. W. 11TH ST.
FT. LAUDERDALE FL 33313

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/01/1996

4. FEI Number

65-0686815

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 owes the current year Intangible

Personal Property Tax.

☒ Yes ☐ No

2. Principal Place of Business

21 1700 N. W. 66th Ave.

Suite, Apt. #, etc.

22 Suite 102

City & State

23 Plantation, Florida

Zip

24 33313

Country

25 USA

2a. Mailing Address

26 1700 N. W. 66th Ave.

Suite, Apt. #, etc.

27 Suite 102, Florida

City & State

28 Plantation, Florida

Zip

29 33313

Country

30 USA

9. Name and Address of Current Registered Agent

BYER, PAUL A
6190 N. W. 11TH ST.
FT. LAUDERDALE FL 33313

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
1700 N. W. 66th Ave.

83 Suite 102

84 City

Plantation,

FL

85 Zip Code

33313

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

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **SCHILLER, W. ROY**

STREET ADDRESS **315 IVY LANE**

CITY-ST-ZIP **FT. LAUDERDALE FL 33326**

TITLE **D** ☐ DELETE

NAME **TAYLOR, DAVE**

STREET ADDRESS **1475 TUNGHILL DRIVE**

CITY-ST-ZIP **TALLAHASSEE FL 32311**

TITLE **VP** ☐ DELETE

NAME **STEELE, JIRI**

STREET ADDRESS **4901 S.W. 199TH AVE.**

CITY-ST-ZIP **FT. LAUDERDALE FL 33332**

TITLE **STD** ☐ DELETE

NAME **BYER, PAUL A**

STREET ADDRESS **2915 PALM AIRE DR., NO.**

CITY-ST-ZIP **POMPANO BEACH FL 33069**

TITLE **Sr. V.P.** ☐ DELETE

NAME **David Echols**

STREET ADDRESS **1148 Pelican Bay Dr.**

CITY-ST-ZIP **Daytona Beach, FL 32119**

TITLE **Sr. V. P.** ☐ DELETE

NAME **Linda Webster**

STREET ADDRESS **3323 Thomasville Rd. Suite C**

CITY-ST-ZIP **Tallahassee, FL 32312**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **CEO/Director** ☒ Change ☐ Addition

1.2 NAME **W. Roy Schiller**

1.3 STREET ADDRESS **315 Ivy Lane**

1.4 CITY-ST-ZIP **Weston, FL 33326**

2.1 TITLE **President/Director** ☐ Change ☒ Addition

2.2 NAME **Harold A. Glazer**

2.3 STREET ADDRESS **11430 N. W. 56th Drive #115**

2.4 CITY-ST-ZIP **Coral Springs, FL 33076**

3.1 TITLE **Sr. V.P.** ☒ Change ☐ Addition

3.2 NAME **Jiri L. Steele**

3.3 STREET ADDRESS **4901 S. W. 199th Ave.**

3.4 CITY-ST-ZIP **Ft. Lauderdale, FL 33332**

4.1 TITLE **Director** ☒ Change ☐ Addition

4.2 NAME **Paul A. Byer**

4.3 STREET ADDRESS **2915 Palm Aire Dr. No.**

4.4 CITY-ST-ZIP **Pompano Beach, FL 33069**

5.1 TITLE **Sr. V. P.** ☐ Change ☒ Addition

5.2 NAME **Frank Cicione**

5.3 STREET ADDRESS **715 N. W. 101st Terrace**

5.4 CITY-ST-ZIP **Coral Springs, FL 33071**

6.1 TITLE **Sr. V.P. Secretary/Treas.** ☐ Change ☒ Addition

6.2 NAME **Lori Levenson**

6.3 STREET ADDRESS **9840 Sheridan St. #303**

6.4 CITY-ST-ZIP **Pembroke Pines, FL 33024**

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.

SIGNATURE: **Paul A. Byer**

1/12/99

954-584-8885

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)



the new generation

FILED
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Secretary of State

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ADDITIONAL OFFICERS FOR AMERICAN MORTGAGE CAPITAL, INC.:

Sr. Vice President
Diane Mazzoli
407 Whooping Loop #1619
Altamonte Springs, Fl. 32701

Vice President
Lou Colletti
1419 Forest Drive # 206
Annapolis, MD. 21403