

DOCUMENT # P96000073586

1. Entity Name

AMICO MORTGAGE CO.

**FILED**  
**Apr 25, 2000 8:00 am**  
**Secretary of State**

01-13-2000 90036 048 \*\*\*150.00

Principal Place of Business  
4729 N CONGRESS AVE  
BOYNTON BEACH FL 33462

Mailing Address  
4729 N CONGRESS AVE  
BOYNTON BEACH FL 33426-7908

2. Principal Place of Business  
4731-C N. CONGRESS AVE  
Suite, Apt. #, etc.

3. Mailing Address  
4731-C N. CONGRESS AVE  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
BOYNTON BEACH, FL

City & State  
BOYNTON BEACH, FL

4. FEI Number  
59-3404875

Applied For  
☐ Not Applicable

Zip  
33426

Country  
USA

Zip  
33426

Country  
USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
AMICUCCI, MICHAEL J  
29 SWALLOW DRIVE  
BOYNTON BEACH FL 33462

7. Name and Address of New Registered Agent  
Name  
HEISLER, SHIRLEY  
Street Address (P.O. Box Number is Not Acceptable)  
821 OMAR ROAD  
City  
WEST PALM BEACH FL Zip Code  
33405

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE *Shirley Heisler* 2/18/00  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMICUCCI, MICHAEL J		NAME	AMICUCCI, MICHAEL J	
STREET ADDRESS	29 SWALLOW DR		STREET ADDRESS	29 SWALLOW DRIVE	
CITY-ST-ZIP	BOYNTON BEACH FL 33462		CITY-ST-ZIP	BOYNTON BEACH, FL 33436	
TITLE	P	<input type="checkbox"/> Delete	TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMICUCCI, NANCY		NAME	AMICUCCI, NANCY	
STREET ADDRESS	29 SWALLOW DR		STREET ADDRESS	29 SWALLOW DRIVE	
CITY-ST-ZIP	BOYNTON BEACH FL 33462		CITY-ST-ZIP	BOYNTON BEACH, FL 33436	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Michael J. Amicucci* 1-6-00 561-642-7400  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #