* FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Apr 28 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9700008375 (2)

ASSOCIATED MORTGAGE INTERNATIONAL CORPORATION

•							
Principal Place of Business Mailing Address							
1489 WEST PALMETTO PARK ROAD		1489 WEST PALMETTO PARK ROAD					
SUITE 475		SUITE 475				DO NOT WRITE IN THIS SPACE	
BOCA RATON FL 33486 BOCA RATON FL 33486					3. Date Incorporated or Qualified		
						01/23/1997	
2. Principal Pl	lace of Business	2a. Mailing	Address			4. FEI Number	Applied For
21		26	26			65-0722321	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				75 Additional	
22		27				Fe	e Required
City & State		City & State			· _ · _ · _ · _ · _ · · _ · · · · ·	.00 May Be	
Zip Country		28 7ip	Zip Country		· · ·	Trust Fund Contribution LJ Ad 8. This corporation owes or has paid the current year.	ded to Fees
Zip 24	25			y	Personal Property Tax due June 30. X Yes	Initaligible ☐ No	
24	9. Name and Address of Curre		L	30 1		10. Name and Address of New Registered Agent	
ווח	FFY, KEITH F			8.	Name		
	B9 WEST PALMETTO PARK RO)AD		82	Street Add	tress (P.O. Box Number is Not Acceptable)	
SUITE 475					0,,00,,100		
BOCA RATON FL 33486				8:	3		
				84	4 City	85	Zip Code
					,	FL [®]	· · · · · · · · · · · · · · · · · · ·
11. Pursuant office or r	to the provisions of Sections 607.0! egistered agent, or both, in the Sta	502 and 607.1508 ate of Florida. Such	, Florida Statute i change was ai	es, the abor uthorized b	ve-named cor by the corpora	poration submits this statement for the purpose of changation's board of directors. I hereby accept the appointment	ing its registered it as registered
agent. I a	m familiar with, and accept the obl	ligations of, Sectio	n 607. 050 5, Flo	rida Statute	es.	• , , , ,	-
SIGNATURE	Signature, typod or printed name of regetered r		i	Designed A	anni algoritus, san	ured when reinstating) DATE	
12.		ND DIRECTORS	iii prost	13.	deur eid iarrie roch	ADDITIONS/CHANGES TO OFFICERS AND DIREC	TORS IN 12
TITLE	PD		DELETE	1.1 TITLE		☐ Cha	
NAME	DUFFY, KEITH F			1.2 NAME			
STREET ADDRESS 1489 W PALMETTO PARK RD, STE 475				1.3 STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL 33486			1.4 CITY -	ST-ZIP		
TITLE	DVS		DELETE	2.1 TITLE		□ Cha	ange 🔲 Addition
NAME	SHANE, RONALD			2.2 NAME			
STREET ADDRESS	1489 W PALMETTO PARK F	RD, STE 475		2.3 STREE	E1 ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33486			2. 4 CITY			Thans.
TITLE	DVT		DELETE	3.1 TITLE		L Cha	ange LJ Addition
NAME	SHANE, ROBERT			3.2 NAME			
STREET ADDRESS	1489 W PALMETTO PARK F	RD, STE 475		1	ET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33486		DELETE	3.4. CITY		□ Chi	nge
TITLE			[] DELETE	4.1 TITLE		Cili	inge Rounion
NAME				4. 2 NAM			
STREET ADDRESS					ET ADDRESS		
CITY-ST-ZIP			DELETE	4 4 City - 5 1 Title		Chi	ange Addition
TITLE				5 2 NAME			
NAME				J 2. 19/4 [VII			
				4.3 CTDE			
STREET ADDRESS					et address		
CITY-ST-ZIP			DELETE	5 4 CITY	ET ADDRESS -ST-ZIP	□ Ch	inge 🔲 Addition
			DELETE		ET ADDRESS - ST- ZIP	□ Ch	ange Addition

14. Thereby 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 of the freceiver or trustee employered 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.