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Feb 09 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000014713 (6)

1. Corporation Name

AMERICAN MORTGAGE REDUCTION, INC.

Principal Place of Business

5901 EAST FOWLER AVENUE  
TAMPA FL 33617-2362

Mailing Address

1653 FAIRWAY  
SUITE 209  
JENKINTOWN PA 19046

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/14/1997

4. FEI Number

58-2289083

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

N/A

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 ☐ DELETE

NAME D  
MIDDLETON, THOMAS G  
STREET ADDRESS 1653 FAIRWAY, SUITE 209  
CITY-ST-ZIP JENKENTOWN PA 19046

TITLE ☐ DELETE

NAME D  
NICHOLAS, GEORGE  
STREET ADDRESS 1653 FAIRWAY, SUITE 209  
CITY-ST-ZIP JENKENTOWN PA 19046

TITLE ☐ DELETE

NAME D  
MARVIN, STUART  
STREET ADDRESS 1653 FAIRWAY, SUITE 209  
CITY-ST-ZIP JENKENTOWN PA 19046

TITLE ☐ DELETE

NAME D  
KOROTKI, HARRY  
STREET ADDRESS 1653 FAIRWAY, SUITE 209  
CITY-ST-ZIP JENKENTOWN PA 19046

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☒ Change ☐ Addition

12 NAME D  
MIDDLETON, THOMAS G  
13 STREET ADDRESS 5901 East Fowler Avenue  
14 CITY-ST-ZIP Tampa, FL 33617-2362

21 TITLE ☒ Change ☐ Addition

22 NAME D  
NICHOLAS, GEORGE  
23 STREET ADDRESS 5901 East Fowler Avenue  
24 CITY-ST-ZIP Tampa, FL 33617-2362

31 TITLE ☒ Change ☐ Addition

32 NAME D  
MARVIN, STUART D.  
33 STREET ADDRESS 5901 East Fowler Avenue  
34 CITY-ST-ZIP Tampa, FL 33617-2362

41 TITLE ☒ Change ☐ Addition

42 NAME D  
KOROTKI, HARRY  
43 STREET ADDRESS 100 Painters Mill Road, Suite 800  
44 CITY-ST-ZIP Owings Mills, MD 21117

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

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.

SIGNATURE:

(813) 984-0801

CR2E034 (10/97)