

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Aug 26 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 # **P97000039250 (0)**
1. Corporation Name
APPROVED MORTGAGE & ACCEPTANCE CORPORATION



Principal Place of Business P.O. BOX 849 HALLANDALE FL 33008-0849	Mailing Address P.O. BOX 849 HALLANDALE FL 33008-0849
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 18800 NW 2ND AVE Suite, Apt. #, etc. 22 Suite 221 City & State 23 Miami FL Zip 24 33169 Country 25 USA		2a. Mailing Address 26 18800 NW 2ND AVE Suite, Apt. #, etc. 27 Suite 221 City & State 28 Miami FL Zip 29 33169 Country 30 USA		3. Date Incorporated or Qualified 04/30/1997	
		4. FEI Number 65-0757320		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent BERG, ROBERT 21225 N.E. 19TH COURT MIAMI FL 33179		10. Name and Address of New Registered Agent 81 Name ROBERT BERG 82 Street Address (P.O. Box Number is Not Acceptable) 18800 NW 2ND AVE Suite 221 83 City MIAMI FL 84 Zip Code 33169	
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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]* DATE 8/12/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERG, ROBERT P.O. BOX 849 HALLANDALE FL 33008-0849	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	P BERG, ROBERT 18800 NW 2ND AVE Suite 221 MIAMI FL 33169
TITLE NAME STREET ADDRESS CITY-ST-ZIP		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	300002625483 -08/26/98--01048--013 ***\$50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 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: *[Signature]* DATE 8/12/98

CR2E034 (5/98)