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Apr 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham, Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000088505 (7)

1. Corporation Name

A-MINUS MORTGAGE CORPORATION

Principal Place of Business

45 E WASHINGTON ST
ORLANDO FL 32801

Mailing Address

45 E WASHINGTON ST
ORLANDO FL 32801

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/13/1997

4. FEI Number

59-3478228

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

KIRK, DENISE
45 E WASHINGTON ST
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name

James W Reed

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

250 N. ORANGE Ave, Suite 1500

83

84 City

ORLANDO

FL

85 Zip Code

32801

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

James W Reed

4/22/98

12. OFFICERS AND DIRECTORS

TITLE Director & Vice President ☐ DELETE
NAME KIRK, DENISE
STREET ADDRESS 510 CHRISTOPHER PL
CITY-ST-ZIP ORLANDO FL 32803

TITLE Director & President ☐ DELETE
NAME FULLER, JEFFREY
STREET ADDRESS 951 THISTLE LN
CITY-ST-ZIP MAITLAND FL 32751

TITLE ~~Director~~ ☒ DELETE
NAME ~~KIRK, MICHAEL~~
STREET ADDRESS ~~514 CHRISTOPHER PL~~
CITY-ST-ZIP ~~ORLANDO FL 32803~~

TITLE Director ☐ DELETE
NAME George P. STAMAS
STREET ADDRESS
CITY-ST-ZIP

TITLE Director ☐ DELETE
NAME George C. Zutes
STREET ADDRESS
CITY-ST-ZIP

TITLE Director ☐ DELETE
NAME MARY M. Reed
STREET ADDRESS 6553 Gibson Drive
CITY-ST-ZIP ORLANDO, FL 32809

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Secretary & Treasurer ☐ Change ☒ Addition
1.2 NAME James W. Reed
1.3 STREET ADDRESS 6553 Gibson Drive
1.4 CITY-ST-ZIP ORLANDO, FL 32809

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
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:

James W Reed

3/27/98

CR2E034 (10/97)