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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000089926

1. Corporation Name

AMERICANA TRUST MORTGAGE CORP.



Principal Place of Business	Mailing Address
1676 PROVIDENCE BLVD., SUITE A DELTONA FL 32724	P. O. BOX 390146 DELTONA FL 32739

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	6010 DELTONA BLVD.	26	DELTONA FL 32739	10/20/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 SUITE A		27		59-3473749	
City & State		City & State		Applied For	
23 DELTONA, FL		28		Not Applicable	
Zip		Country		5. Certificate of Status Desired	
24 32725	25 FLORIDA	29		30	
3. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			

ORTIZ, ORLANDO
1676 PROVIDENCE BLVD., SUITE A
DELTONA FL 32724

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	ORTIZ, ORLANDO	1.2 NAME	
STREET ADDRESS	1676 PROVIDENCE BLVD., SUITE A	1.3 STREET ADDRESS	
CITY-ST-ZIP	DELTONA FL 32724	1.4 CITY-ST-ZIP	
TITLE	VSTD	2.1 TITLE	
NAME	ORTIZ, SUSAN	2.2 NAME	
STREET ADDRESS	1676 PROVIDENCE BLVD., SUITE A	2.3 STREET ADDRESS	
CITY-ST-ZIP	DELTONA FL 32724	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE:

Orlando Ortiz ORLANDO ORTIZ 04-15-99 407-515-2221

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

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