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

PROFIT CORPORATION ANNUAL REPORT **1998**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 16 1998 8:00am
Secretary of State

DOCUMENT # P97000104298 (9)

1. Corporation Name
AMERICAN DREAM MORTGAGE GROUP, INC.

Principal Place of Business
7181 COLLEGE PKWY. STE 34
FORT MYERS FL 33907

Mailing Address
7181 COLLEGE PKWY. STE 34
FORT MYERS FL 33907

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/10/1997
4. FEI Number: 65-0799014 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $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 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. **Name and Address of Current Registered Agent**
SMITH, MARION MONROE JR.
13150-511 FEATHER SOUND DR
FORT MYERS FL 33919

10. **Name and Address of New Registered Agent**
81 Name: GABRIELSON, MATTHEW WILLIAM
82 Street Address (P.O. Box Number is Not Acceptable): 7181 COLLEGE PARKWAY SUITE 34
83
84 City: FORT MYERS FL 85 Zip Code: 33907

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] MATTHEW WILLIAM GABRIELSON — DATE: 4-20-98

12. OFFICERS AND DIRECTORS

TITLE	RS	☑ DELETE
NAME	MARION MONROE SMITH JR.	
STREET ADDRESS	13150-511 FEATHER SOUND DR.	
CITY-ST-ZIP	FORT MYERS, FL 33919	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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

1.1 TITLE	P	☐ Change ☑ Addition
1.2 NAME	MATTHEW WILLIAM GABRIELSON	
1.3 STREET ADDRESS	7181 COLLEGE PARKWAY SUITE 34	
1.4 CITY-ST-ZIP	FORT MYERS, FL 33907	
2.1 TITLE	VTSD	☐ Change ☑ Addition
2.2 NAME	WILLIAM LORNE MUELLER	
2.3 STREET ADDRESS	5214 S.W. 23RD AVE	
2.4 CITY-ST-ZIP	CAPE CORAL, FL 33914	
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		

300010025156 06/17/98 01078 016 **150.00

6/16

CR2E034 (10/97)

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.