


FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90100 037 ***150.00

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

DOCUMENT # P98000029496

1. Corporation Name

AHL MORTGAGE CORPORATION

Principal Place of Business

5423 BURNT HICKORY DRIVE
VALRICO FL 33594

Mailing Address

5423 BURNT HICKORY DRIVE
VALRICO FL 33594

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/31/1998

4. FEI Number

59-3499572

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation owes the current year Intangible
Personal Property Tax.☐

Yes

☐

No

2. Principal Place of Business

21 761 WEST LUMSDEN RD

Suite, Apt. #, etc.

2a. Mailing Address

26 761 WEST LUMSDEN RD

Suite, Apt. #, etc.

City & State

23 BRANDON FL

Zip

24 33511

Country

25 USA

City & State

28 BRANDON FL

Zip

29 33511

Country

30 USA

9. Name and Address of Current Registered Agent

AHL GIB
5423 BURNT HICKORY DRIVE
VALRICO FL 33594

10. Name and Address of New Registered Agent

81 Name

Gilbert W. Ahl

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

761 WEST LUMSDEN RD

83

84 City

BRANDON

FL

85 Zip Code

33511

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 ☐ DELETENAME GILBERT W. AHL
STREET ADDRESS 5423 BURNT HICKORY DR
CITY-ST-ZIP VALRICO FL 33594TITLE ☐ DELETENAME VICE PRESIDENT
STREET ADDRESS CHARLES S. AHL
CITY-ST-ZIP 5423 BURNT HICKORY DR
VALRICO FL 33594TITLE ☐ 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

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition

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 in an attachment to this report, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

RECEIVED W. AHL 1-12-99 813-657-9292

CR2E034 (11/98)