

**FILED**  
**Mar 06, 1999 8:00 am**  
**Secretary of State**

03-06-1999 90059 017 \*\*\*150.00

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

**DOCUMENT # P98000050242**

1. Corporation Name  
**ALLIANCE MORTGAGE FUNDING, INC.**



Principal Place of Business 2505 CENTER AVE FORT LAUDERDALE FL 33305	Mailing Address 2505 CENTER AVE FORT LAUDERDALE FL 33305
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>2560 N.E. 15<sup>th</sup> Ave.</b>		2a. Mailing Address 26 <b>2560 N.E. 15<sup>th</sup> Ave.</b>		3. Date Incorporated or Qualified <b>06/03/1998</b>	4. FEI Number <b>65-0840724</b>	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
City & State 23 <b>Wilton Manors, Fl.</b>		City & State 27 <b>Wilton Manors, Fl.</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
Zip 24 <b>33305</b>		Country 25 <b>Florida</b>		Zip 29 <b>33305</b>		Country 30 <b>Florida</b>

9. Name and Address of Current Registered Agent <b>CAVE, ANNETTE 2505 CENTER AVE FORT LAUDERDALE FL 33305</b>				10. Name and Address of New Registered Agent	
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)	
83				84 City	
				85 Zip Code <b>FL</b>	

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	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	<b>CAVE, ANNETTE</b>	1.2 NAME					
STREET ADDRESS	<b>2505 CENTER AVE</b>	1.3 STREET ADDRESS					
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33305</b>	1.4 CITY-ST-ZIP					
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		2.2 NAME					
STREET ADDRESS		2.3 STREET ADDRESS					
CITY-ST-ZIP		2.4 CITY-ST-ZIP					
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		3.2 NAME					
STREET ADDRESS		3.3 STREET ADDRESS					
CITY-ST-ZIP		3.4 CITY-ST-ZIP					
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		4.2 NAME					
STREET ADDRESS		4.3 STREET ADDRESS					
CITY-ST-ZIP		4.4 CITY-ST-ZIP					
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		5.2 NAME					
STREET ADDRESS		5.3 STREET ADDRESS					
CITY-ST-ZIP		5.4 CITY-ST-ZIP					
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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: *X [Signature]* **SIGNATURE REQUIRED** 954-568-0108

CR2E034 (11/98)