PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 30, 1999 8:00 am Secretary of State 03-30-1999 90011 020 ***150.00

*			
DOCUMENT # ₱98000061492 1. Corporation Name		i i	
AMERICAN MORTGAGE OF CENTRAL FLORID	A INC	* 5 43045 - 90345 - 13	
Principal Place of Business Mailing Address		543045 - 90345 - 13	1
405 DOUGLAS AVENUE STE, 2105		DO NOT WRITE IN THIS SPACE	
ALTAMONTE SPRINGS, FL. 32712		3. Date Incorporated or Qualified	
		4. FEI Number Applied For	
2. Principal Place of Business 21 405 DOUGLAS AVENUE 22 405 DOUGLAS	AVENIE	59-3520/95 Not Applicable	:
21 405 DOUGLAS AVENUE 26 405 DOUGLAS Suite, Apt. #, etc. 26 405 DOUGLAS	AVENUE	\$8.75 Additional	
27 STE 2105 27 STE 2105	- ·	5. Certificate of Status Desired Fee Required	
City & State City & State		6. Election Campaign Financing \$5.00 May Be	
23 ALTAMONTE SPRINGS; FL 28 ALTAMONTE S	PRINCS FL	Trust Fund Contribution Added to Fees 8. This corporation owes the current year Intangible	
	7	Personal Property Tax.	
24 3 2 7 1 4 25 IIS 29 3 2 7 1 4 30 30 30 30 30 30 30		10. Name and Address of New Registered Agent	•,
	81 Name		`
SOBAIDA LOPEZ 405 DOUGLAS AVENUE, STE. 2105	82 Street Addres	ss (P.O. Box Number is Not Acceptable)	
ALTAMONTEESPRINGS, FL. 32714	83		
REIGHOUTENST REMOOF TEXT CENTER	84 City	FL 85 Zip Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, office or registered agent, or both, in the State of Florida, Such change was auth agent. I am familiar with, and accept the poligations of Section 607.0505. Florida	the above-named corpor	ration submits this statement for the purpose of changing its registered	
office or registered agent, or both, in the State of Florida, Such change was author	orized by the comoration	is board of directors. I begoby accord the appointment 98 (ARISIARA)	
agent I am familiar with and accept the abligations of Section 607.0505, Florida	Statutes.	a board of circums. I heropy scoops the appointment as regional	
SIGNATURE SOBULCE TORRE			
SIGNATURE Signages, typed or printed name of registered agent and title y applicable. (NOTE: Reg	gistered Agent algosture required v	when reinstading) OATE	(86
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3/ii), 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 cath; 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: _