

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000061492

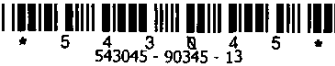
1. Corporation Name

AMERICAN MORTGAGE OF CENTRAL FLORIDA INC

Principal Place of Business

Mailing Address

405 DOUGLAS AVENUE
STE, 2105
ALTAMONTE SPRINGS, FL. 32712



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

2. Principal Place of Business

2a. Mailing Address

21 405 DOUGLAS AVENUE

2a 405 DOUGLAS AVENUE

4. FEI Number

59-3520195

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

22 STE, 2105

27 STE, 2105

6. Election Campaign Financing ☐\$5.00 May Be
Added to Fees

City & State

City & State

Trust Fund Contribution

23 ALTAMONTE SPRINGS, FL

28 ALTAMONTE SPRINGS, FL

Zip

Country

Zip

Country

24 32714

25 US

29 32714

30 US

8. This corporation owes the current year intangible
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SOBAIDA LOPEZ
405 DOUGLAS AVENUE, STE. 2105
ALTAMONTE SPRINGS, FL. 32714

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

Sobaida Lopez
Signature, typed or printed name of registered agent and the corporation.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE Director ☐ DELETE
NAME SOBAIDA LOPEZ
STREET ADDRESS 2240 MAJESTIC WOODS BLVD
CITY-ST-ZIP APOPKA, FL. 32712

TITLE ☐ DELETE
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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)(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:

Sobaida Lopez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/99
Date

Daytime Phone #

CR2E034 (11/98)