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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # P98000084055

1. CORPORATION Name
AMERICA ONE MORTGAGE, INC.

FILED Jun 10, 1999 8:00 am Secretary of State 06-10-1999 90054 022 ***150.00

Principal Plac	ce of Business	Mailing Address				-			
	+ MARINER BLV	-	ME						
500-	16 HILL, FL 341	(n9				DO NOT WRITE IN THIS	SPAC	E	
SPRING 171CC, PC 39807						3. Date Incorporated or Qualifed			
{						Sept. 29,1998			
2. Principal F	Place of Business	2a. Mailing Address	5			4. FEI Number		App	lied For
21		26				<i>59-</i> 3 <i>536</i> 374		Not	Applicable
Suite, Apt	. #, etc.	Suite, Apt. #, et	c.			5. Certifcate of Status Desired			ditional
22		27					Fee Required		
City & Sta	ite	City & State				6. Election Campaign Financing		5.00 A	•
23		28				Trust Fund Contribution		dded to	Fees
Zip	, <u></u>			untry		8. This corporation owes the current year In	tangible Ye:		No
24	25	29 Agent	30	1		Personal Property Tax. 10. Name and Address of New Registered			¥110
	9. Name and Address of Currer	nt Registered Agent		81	Name	10. Hame and Address of New Regionales	rigeni		-
l T.	BOBENHAUSEN, GI	215 M							
				82	Street Addre	ess (P.O. Box Number is Not Acceptable)			
	10 BISHOP CREEK			83					
~	Sapare Hamas	7 211/05							
_	DAPETY HARBOR, (-C 34693		84	City	Fl	85	Zip C	ode
i	·		01-1-1				- Changi	na ite r	agistered
office or	registered agent, or both, in the State	of Florida. Such change	was authorized	đ by ti	-named corpo he corporatio	pration submits this statement for the purpose on's board of directors. I hereby accept the appo	intment	as reg	stered
agent. I a	am familiar with, and accept the obliga	ations of, Section 607.050	05, Florida Stat	tutes.					
SIGNATURE	:					when reinstating) DATE			
	Signature, typed or printed name of registered age		(NOTE: Registered		signature required	ADDITIONS/CHANGES TO OFFICERS A	ND DIRI	ECTOR	S IN 12
12.	DIRECTOR OFFICERS AF	ND DIRECTORS				ADDITIONS/CHANGES TO CITICENS A	☐ Ch		Addition
TITLE	TICOCIONE PLATES			AME				- 3	
NAME	INGOGLIA, BLAISE				4000000				
STREET ADDRESS		a ti			ADDRESS				
CITY-ST-ZIP	SPRING HELL, FC 34			ITY-ST-	-ZIP				☐ Addition
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NAME			2.2 N		I		□ Ch	ange	
STREET ADDRESS	5			IAME			□ Ch	ange	
CITY-ST-ZIP				TREET	ADDRESS		□ Ch	ange	
TITLE		- Drus	2.40	TREET /	ļ		_		□ Addition
NAME		DELE	2.40 ETE 3.1 TI	TREET / CITY-ST	ļ		□ Ch		☐ Addition
		DELE	2.4 C ETE 3.1 TI 3.2 N	TREET / CITY-ST TILE IAME	T-ZIP		_		Addition
STREET ADDRESS		DELE	2.40 ETE 3.1 TI 3.2 N 3.3 S	TREET / CITY-ST TILE IAME	ADDRESS		_		☐ Addition
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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 received or mustee 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 as a contract with an address, with all other like empowered.

6 3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP