

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Mar 05, 1999 8:00 am  
Secretary of State

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1. Corporation Name

ALLIANCE HOME MORTGAGE, INC.



Principal Place of Business

1200 NORTH FEDERAL HIGHWAY  
SUITE 320  
BOCA RATON FL 33432

Mailing Address

1200 NORTH FEDERAL HIGHWAY  
SUITE 320  
BOCA RATON FL 33432

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/23/1998

4. FEI Number

65-0871690

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 1900 Corporate Blvd NW

Suite, Apt. #, etc.

22 Ste 302

City & State

23 Boca Raton FL

Zip

24 33431

Country

25 USA

2a. Mailing Address

26 1900 Corporate Blvd NW

Suite, Apt. #, etc.

27 Ste 302

City & State

28 Boca Raton FL

Zip

29 33431

Country

30 USA

9. Name and Address of Current Registered Agent

FELBERBAUM, RICK S  
1200 NORTH FEDERAL HIGHWAY  
SUITE 320  
BOCA RATON FL 33432

10. Name and Address of New Registered Agent

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

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 ☐ DELETE

NAME D  
STREET ADDRESS VITALE, PAUL B  
CITY-ST-ZIP 1200 NORTH FEDERAL HIGHWAY  
BOCA RATON FL 33432

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

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME Vitale, Paul B  
1.3 STREET ADDRESS 1900 Corporate Blvd NW - Ste 302  
1.4 CITY-ST-ZIP Boca Raton FL 33431

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME Malik, Eusef B  
2.3 STREET ADDRESS 1900 Corporate Blvd NW - Ste 302  
2.4 CITY-ST-ZIP Boca Raton FL 33431

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME S, T  
3.3 STREET ADDRESS Bergman, Todd H  
3.4 CITY-ST-ZIP 1900 Corporate Blvd NW - Ste 302  
Boca Raton, FL 33431

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Vitale 1/25/99 561-998-0300  
Date Daytime Phone #

CR2E034 (11/98)