## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

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AMERICAL AME	CAN MORTG	age and fun	iding Grou	JP, INC.								
Principal Place of Business  6625 NO. ANDERSON RD									3. Date 13/22/199 or Qualified	<b>3a</b> . Date	05/07/78	995
2. Principal Place of Business 2a. Mailing Addr					ddress				4. FEI NUSS 0304050			Applied For
2. Principal Plac 21	e Or Business	26	n ,					39 0304000			Not Applicable	
Suite, Apt. #,	Suite, Ap	Suite, Apt. #, etc.					5. Certificate of Status Desired			Additional Required		
City & State		City & Sta	City & State				<u> </u>	Election Campaign Financing     Trust Fund Contribution			May Be d to Fees	
23			Zip		Col	untry			8. This corporation has liability for	r intangible ta		
Zip	25	untry	29		30	· · · · · ·			Florida Statutes	es 🔲 No		
24	9. Name and A	ddress of Current		ent		L			10. Name and Address of New	Registered	Agent	
						81	Nam	е				J
GORDON, STEPHEN P. 1518 OSPREY LANE						82	Stre	et Addre	ss (P.O. Box Number is Not Accept	able)		
	L 33549											
						84	City			FL	85 Zij	p Code
or registere familiar with	nd agent, or both, in and accept the o	Sections 607.0502 in the State of Florid obligations of, Section name of registered agent a	on 607.0505, Flo	rida Statutes.					ation submits this statement for the plant of directors. I hereby accept the a	DATE		
	Signature, typed or printed	OFFICERS AND			13				ADDITIONS/CHANGES TO C			
12.	—Р——			DELETE	1. 1	TITLE	-		<del></del> -		☐ Change	Addition
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CITY - ST - ZIP	J	f State of the sta	with this filips is	voluntarily fur	niched a	nd de	nes no	qualify	for the exemption stated in Section	119.07(3)(k)	Florida Stat	tutes. I further

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 certify 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 shanged, or of an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR