


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

**FILED**  
**Apr 09 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # V29340 (9)**  
 1. Corporation Name  
**AMERICAN MORTGAGE EXPRESS, INC.**



Principal Place of Business <b>5901 N.W. 151 STREET                  SUITE 120                  MIAMI LAKES FL 33014</b>	Mailing Address <b>P O BOX 4550                  MIAMI LAKES FL 33014</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>04/17/1992</b>	
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FEI Number <b>65-0327171</b>	Applied For Not Applicable
23. Zip	24. Country	28. Zip	29. Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
25. Country		30. Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
g. Name and Address of Current Registered Agent				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

g. Name and Address of Current Registered Agent <b>WEITZER, HARRY                  5901 NW 151 STREET                  SUITE 120                  MIAMI LAKES FL 33014</b>			10. Name and Address of New Registered Agent		
			81. Name		
			82. Street Address (P.O. Box Number is Not Acceptable)		
			83.		
			84. City	<b>FL</b>	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WEITZER, HARRY</b>	1.2 NAME	
STREET ADDRESS	<b>5901 NW 151 STREET #120</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI LAKES FL 33014</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VS</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>VAS</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SPEIZER, HARRY</b>	2.2 NAME	<b>SPEIZER, HARRY</b>
STREET ADDRESS	<b>5901 N.W. 151 STREET #120</b>	2.3 STREET ADDRESS	<b>5901 N.W. 151st STREET, #120</b>
CITY-ST-ZIP	<b>MIAMI LAKES FL 33014</b>	2.4 CITY-ST-ZIP	<b>MIAMI LAKES, FL 33014</b>
TITLE	<b>C</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>S</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HART, TIMOTHY</b>	3.2 NAME	<b>JOHNSTON, PATRICE M.</b>
STREET ADDRESS	<b>5901 N.W. 151 STREET #120</b>	3.3 STREET ADDRESS	<b>5901 N.W. 151st STREET, #120</b>
CITY-ST-ZIP	<b>MIAMI LAKES FL 33014</b>	3.4 CITY-ST-ZIP	<b>MIAMI LAKES, FL 33014</b>
TITLE	<b>VTAS</b> <input type="checkbox"/> DELETE	4.1 TITLE	<b>VT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KLEINERMAN, PETER</b>	4.2 NAME	<b>KLEINERMAN, PETER</b>
STREET ADDRESS	<b>5901 N.W. 151 STREET #120</b>	4.3 STREET ADDRESS	<b>5901 N.W. 151st STREET, #120</b>
CITY-ST-ZIP	<b>MIAMI LAKES FL 33014</b>	4.4 CITY-ST-ZIP	<b>MIAMI LAKES, FL 33014</b>
TITLE	<b>V</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROSEWATER, JAMES</b>	5.2 NAME	
STREET ADDRESS	<b>5901 N.W. 151 STREET #120</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI LAKES FL 33014</b>	5.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FLEDSTEEN, LEIGH</b>	6.2 NAME	
STREET ADDRESS	<b>5901 N.W. 151 STREET #120</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI LAKES FL 33014</b>	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 by each attachment with an address.

SIGNATURE: *Patrice M. Johnston* **PATRICE M. JOHNSTON** Date: **4/6/98** Daytime Phone #: **305 819 4663**

CF2E034 (10/97)