


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

FILED
Apr 09 1998 8:00am
Secretary of State

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



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

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 04/17/1992
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 65-0327171
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
24. Country	29. Country	30. Country
7. 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

9. Name and Address of Current Registered Agent WEITZER, HARRY 5901 NW 151 STREET SUITE 120 MIAMI LAKES FL 33014		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 _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____

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