SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 5/1/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

'95 JUL 20 PM 2:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V63063** **(4)**

1. Corporate Name

AMERICAN CAPITAL MORTGAGE & REALTY CORP.

Principal Place of Business	Mailing Address
205 S HOOVER ST SUITE 206 TAMPA FL 33609	205 S HOOVER ST SUITE 206 TAMPA FL 33609

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21	26
Suite Apt. #, etc. 22	Suite Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified: **09/08/1992**

3a. Date of Last Report: **04/28/1994**

4. FEI Number: **59-3139447** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. [illegible] ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CRUM, ROBERT DAVID
205 S HOOVER ST
SUITE 206
TAMPA FL 33609

10. Name and Address of New Registered Agent

81 Name

82 [illegible] (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 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: [illegible] (If Registered Agent is an individual) DATE

12. OFFICERS AND DIRECTORS		13.	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	CRUM, ROBERT DAVID	12 NAME	400001546074
STREET ADDRESS	205 S HOOVER ST #206	13 STREET ADDRESS	-07/25/95--01125--027
CITY ST ZIP	TAMPA FL	14 CITY ST ZIP	****225.00 ****225.00
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	SUHAJDA, VINCENT	22 NAME	
STREET ADDRESS	205 S HOOVER ST #206	23 STREET ADDRESS	
CITY ST ZIP	TAMPA FL	24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP	TLS, 7/20/95	64 CITY ST ZIP	

CR2E034 (3/95)

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)(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 added above or on an attachment with an address.

SIGNATURE: [illegible]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-10-95 8/1-20-95
Date Daytime Phone #

0098260 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

APPROVED

95 JUL 20 2:05

DOCUMENT # V64605

1. GALLERIA POINTE DEVELOPMENT, INC.

100 W. Cypress Creek Road
Suite 700
Fort Lauderdale, Florida 33309

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 9/17/92

3a. Date of Last Report: 1994

4. FEI Number: 04-3169462 — Applied For / Not Applicable

5. Certificate of Status Desired [ ] — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] — $5.00 May Be Added to Fees

8. The corporation has liability for intangible tax under s. 199.032, Florida Statutes. [ ] Yes [X] No

2. Principal Place of Business	2a. Mailing Address
21 100 W. Cypress Creek Rd.	26 100 W. Cypress Creek Rd.
Suite, Apt. # etc. 22 700	Suite, Apt. # etc. 27 700
City & State 23 Ft. Lauderdale, Florida	City & State 28 Ft. Lauderdale, Florida
Zip 24 33309 — Country 25 US	Zip 29 33309 — Country 30 US

9. Name and Address of Current Registered Agent

Andrew T. Gerrits
100 W. Cypress Creek Road
Suite 700
Ft. Lauderdale, Florida 33309

10. Name and Address of New Registered Agent

81 Name: Mark D. Thomson
82 Street Address (P.O. Box Number is Not Acceptable): 100 W. Cypress Creek Road
83 Suite 700
84 City: Ft. Lauderdale FL 85 Zip Code: 33309

11. Pursuant to the provisions of Sections 607.0502 and 617.0502, 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: *Mark D. Thomson* — Mark D. Thomson, President — 6/28/95

12. Officers and Directors	13. Additions/Changes to Officers and Directors
TITLE: President	TITLE: President [X] Change [ ] Addition
NAME: Andrew T. Gerrits	NAME: Mark D. Thomson
STREET ADDRESS: 100 W. Cypress Creek Rd., Ste 700	STREET ADDRESS: 100 W. Cypress Creek Rd., Suite 700
CITY-ST-ZIP: Ft. Lauderdale, Florida 33309	CITY-ST-ZIP: Ft. Lauderdale, Florida 33309
	[ ] Change [ ] Addition
	[ ] Change [ ] Addition
	[ ] Change [ ] Addition
	[ ] Change [ ] Addition
	[ ] Change [ ] Addition

14. I do hereby certify that the information supplied with this filing is correct, furnished and complete [illegible] and that the corporation shall have the same legal effect as if made under oath [illegible]

SIGNATURE: *Mark D. Thomson* — Mark D. Thomson, President — 6/28/95 — 491-1120

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR