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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

May 05 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V63063

(4)

AMERICAN CAPITAL MORTGAGE & REALTY CORP.

Principal Place 205 \$ HOOVER SUITE 206 TAMPA FL 3360	ST	Mailing Address 205 S HOOVER ST SUITE 206 TAMPA FL 33609-3533	V 44 1		
				3. Date Incorporated or Qualified 09/08/1992	3s. Date of Last Report 07/19/1996
2. Principal Pi 21	ace of Business	2a. Mailing Address 26		4. FEI Number 59-3139447	Applied For Not Applicable
Sulte, Apt. #, etc. 22		Suite, Apt. #, etc. 27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25 9. Name and Address of Curr	Zip 29	Country 30	This corporation has liability for in Florida Statutes Name and Address of New Reg	Yes No
KERRIGAN, W.V. 205 S HOOVER ST SUITE 206 TAMPA FL 33609			83 84 City	ress (P.O. Box Number is Not Acceptab	FL 85 Zip Code
SIGNATURE	////×	/	utes, the above-named corse authorized by the corporational Statutes. The Registered Agent signature requires	poration submits this statement for the p tion's board of directors. I hereby accep	urpose of changing its registered it the appointment as registered
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	PD	☐ DELETE	1.1 ΤΠιΕ		Change Addition
NAME	KERRIGAN, W.V.		1.2 NAME		
STREET ADDRESS	205 S HOOVER ST #206		13 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33609	DE FEE	1.4 CITY - ST - 7IP		Observe The Addition
TITLE		☐ DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE		Change Addition
NAME		Deterie	3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. City - \$1 - ZIP		
TITLE		DELETE	4.1 TOLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5:1 TITLE		Change Addition
NAME	•		5.2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELFTE	61 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6 3 STREET ADDRESS		
CITY-ST-ZIP			6 4 CITY - ST - ZIP		

14. Ido 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 eport 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 conjunction or the receive of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 ff. hinged, or on an attachment with an address.