FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP **ANNUAL REPORT**

1997

MORTGAGE INVESTORS, LTD.



FLORIDA DEPARTMENT OF STATE

Sandra Mortham

Secretary of State DIVISION OF CORPORATIONS SECRETARY OF STATE DIVISION OF CORPORATIONS

UR12/9

1. Name of Limited Partnership

DOCUMENT # A17094

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FLA. MORTGAGE & REALTY	1001 W. CYPRESS CR	EEK	FT. LAUDERDALE FL	355242
1. Name(s) of General Partner(s)	UST BE REGISTERED AN		E WITH THIS OFFICE. 11b. City, State & Zip Code	11c. Registration/ Document Number
SIGNATURE (Registered Agent Accepting Appointme A GENERAL PARTNER TH	AT IS A CORPORATION.	LIMITED	PARTNERSHIP OR OTHE	
	ice or registered agent, or both, in the State of F			
1001 W. CYPRESS CREEK RD. SUITE \$08\$ \$106 FT. LAUDERDALE FL 33309		City Zip Code Tale Code City Lip Code Tale Code Tal		
		Suite, Apt. #, etc.		
		Street Address (P.O. Box Number Is Not Acceptable)		
FLORIDA MORTGAGE & REALTY CO.		Name		
9. Name and Address of Co	urrant Ranistarari Ageni		10. If changed, new Registers	d Agent/Office
Zip Gountry	Zip	Zip Country		Fee Required
City & State	City & State	City & State		\$8.75 Additional
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number 59-2372057	Applied For Not Applicable
2. Mailing Address	2a. Principal Office Address		3a, Date of Last Report 06/04/1996 4. State or Country of Formation FL	5b. Amount of Capital Contributions in FLORIDA to date:
#106		#106		
ailing Address 1001 W. CYPRESS CREEK ROAD. #\$066 FT. LAUDERDALE FL 33309	FT. LAUDERDALE FL 33309		05/23/1984	5a. Capital Contributions as Shown on record. \$100.00

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 release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620. Flora

ters Daytime Telephone Number 954.491.2644 SIGNATURE Typed or Printed Name of General Partner Signing Form