

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

APPROVED
AND
FILED

95 MAY -1 PM 8:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F96680 (6)

1. Corporation Name

MIDLAND MORTGAGE INVESTMENT CORPORATION

Principal Place of Business

Mailing Address

601 CLEVELAND ST #930
P O BOX 10215
CLEARWATER FL 34617

601 CLEVELAND ST #930
P O BOX 10215
CLEARWATER FL 34617

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

3a. Date of Last Report

08/24/1992

05/01/1994

4. FEI Number

59-2283233

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. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BANKS, ROBERT J
601 CLEVELAND ST #930
CLEARWATER FL 34615**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PS
NAME	GLOECKL, KEITH J.
STREET ADDRESS	601 CLEVELAND ST, #930
CITY - ST - ZIP	CLEARWATER FL
TITLE	EVT
NAME	MATHIS, RAY F.
STREET ADDRESS	601 CLEVELAND ST, #930
CITY - ST - ZIP	CLEARWATER FL
TITLE	D
NAME	BROPHY, JAMES
STREET ADDRESS	220 BAGLEY AVE., #800
CITY - ST - ZIP	DETROIT MI
TITLE	D
NAME	BANKS, ROBERT J
STREET ADDRESS	601 CLEVELAND ST., #930
CITY - ST - ZIP	CLEARWATER, FL 00000
TITLE	SV
NAME	WIEDELMAN, MARK D.
STREET ADDRESS	1521 - 1ST NAT'L BLDG.
CITY - ST - ZIP	DETROIT, MI 00000
TITLE	SV
NAME	BRICKER, ALFRED D.
STREET ADDRESS	1521 - 1ST NAT'L BLDG.
CITY - ST - ZIP	DETROIT MI

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 110.07(3)(k), 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 on an attachment with an address.

SIGNATURE:

Ray F. Mathis
RAY F. MATHIS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/95

Date

(813) 461-4801

Daytime Phone #