

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Apr 29 1996 8:00 am
Secretary of State

DOCUMENT # F96680 (6)

1. Corporation Name
MIDLAND MORTGAGE INVESTMENT CORPORATION



Principal Place of Business: 601 CLEVELAND ST #930, P O BOX 10215, CLEARWATER FL 34617
Mailing Address: 601 CLEVELAND ST #930, P O BOX 10215, CLEARWATER FL 34617

3. Date Incorporated or Qualified 08/24/1982	3a. Date of Last Report 05/01/1995
4. FEI Number 59-2293233	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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	Zip
24	29
Country	Country
25	30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

85 Zip Code

FL

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 reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PS <input type="checkbox"/> DELETE
NAME	GLOECKL, KEITH J.
STREET ADDRESS	601 CLEVELAND ST, #930
CITY - ST - ZIP	CLEARWATER FL
TITLE	EVT <input type="checkbox"/> DELETE
NAME	MATHIS, RAY F.
STREET ADDRESS	601 CLEVELAND ST, #930
CITY - ST - ZIP	CLEARWATER FL
TITLE	D <input type="checkbox"/> DELETE
NAME	BROPHY, JAMES
STREET ADDRESS	220 BAGLEY AVE., #800
CITY - ST - ZIP	DETROIT MI
TITLE	D <input type="checkbox"/> DELETE
NAME	BANKS, ROBERT J
STREET ADDRESS	601 CLEVELAND ST., #930
CITY - ST - ZIP	CLEARWATER, FL 00000
TITLE	SV <input type="checkbox"/> DELETE
NAME	WIEDELMAN, MARK D.
STREET ADDRESS	1521 - 1ST NAT'L BLDG.
CITY - ST - ZIP	DETROIT, MI 00000
TITLE	SV <input type="checkbox"/> DELETE
NAME	BRICKER, ALFRED D.
STREET ADDRESS	1521 - 1ST NAT'L BLDG.
CITY - ST - ZIP	DETROIT MI

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
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 119.07(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: *Keith J. Gloeckl* Keith J. Gloeckl 4/23/96 (813) 461-4801

CRE034 (12/95)