

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

FILED
May 07 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 34617-8215
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3. Date Incorporated or Qualified 08/24/1982	3a. Date of Last Report 04/29/1996
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 21 33 North Garden Avenue Suite, Apt., etc. 22 Suite 1200 City & State 23 Clearwater, FL Zip 24 34615	2a. Mailing Address 26 33 North Garden Avenue Suite, Apt., etc. 27 Suite 1200 City & State 28 Clearwater, FL Zip 29 34615
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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 Banks, Robert J.
 82 Street Address (P.O. Box Number is Not Acceptable)
 83 33 North Garden Avenue, Suite 1200
 84 City
 Clearwater FL 85 34615**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PS	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLOECKL, KEITH J.	1.2 NAME	
STREET ADDRESS	601 CLEVELAND ST, #930	1.3 STREET ADDRESS	33 North Garden Avenue, Suite 1200
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP	Clearwater, FL 34615
TITLE	EVT	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATHIS, RAY F.	2.2 NAME	
STREET ADDRESS	601 CLEVELAND ST, #930	2.3 STREET ADDRESS	33 North Garden Avenue, Suite 1200
CITY-ST-ZIP	CLEARWATER FL	2.4 CITY-ST-ZIP	Clearwater, FL 34615
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROPHY, JAMES	3.2 NAME	
STREET ADDRESS	220 BAGLEY AVE., #800	3.3 STREET ADDRESS	
CITY-ST-ZIP	DETROIT MI	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BANKS, ROBERT J	4.2 NAME	
STREET ADDRESS	601 CLEVELAND ST., #930	4.3 STREET ADDRESS	33 North Garden Avenue, Suite 1200
CITY-ST-ZIP	CLEARWATER, FL 00000	4.4 CITY-ST-ZIP	Clearwater, FL 34615
TITLE	SV	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WIEDELMAN, MARK D.	5.2 NAME	
STREET ADDRESS	1521 - 1ST NAT'L BLDG.	5.3 STREET ADDRESS	
CITY-ST-ZIP	DETROIT, MI 00000	5.4 CITY-ST-ZIP	
TITLE	SV	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRICKER, ALFRED D.	6.2 NAME	
STREET ADDRESS	1521 - 1ST NAT'L BLDG.	6.3 STREET ADDRESS	100 Renaissance Center, Suite 1855
CITY-ST-ZIP	DETROIT MI	6.4 CITY-ST-ZIP	Detroit, MI 48243

14. I do 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 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

CR2E034 (9/96)