

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

FILED
May 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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



DO NOT WRITE IN THIS SPACE

Principal Place of Business 33 N GARDEN AVENUE SUITE 1200 CLEARWATER FL 34615 US	Mailing Address 33 N GARDEN AVENUE SUITE 1200 CLEARWATER FL 34615 US
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3. Date Incorporated or Qualified 08/24/1982
4. FEI Number 59-2293233
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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Place of Business 21 33 North Garden Ave. Suite, Apt. #, etc. 22 Suite 1200 City & State 23 Clearwater FL Zip 24 33755	2a. Mailing Address 26 33 North Garden Ave. Suite, Apt. #, etc. 27 Suite 1200 City & State 28 Clearwater FL Zip 29 33755
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9. Name and Address of Current Registered Agent
**BANKS, ROBERT J
 33 N GARDEN AVE
 SUITE 1200
 CLEARWATER FL 34615**

10. Name and Address of New Registered Agent

81 Name Banks, Robert J.
82 Street Address (P.O. Box Number is Not Acceptable) 33 North Garden Ave.
83 Suite 1200
84 City Clearwater
85 Zip Code FL 33755

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PS <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLOECKL, KEITH J.	1.2 NAME	
STREET ADDRESS	33 N GARDEN AVE, SUITE 1200	1.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP	
TITLE	EVT <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATHIS, RAY F.	2.2 NAME	
STREET ADDRESS	33 N GARDEN AVE, SUITE 1200	2.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BANKS, ROBERT J	3.2 NAME	Banks, Robert J.
STREET ADDRESS	33 N GARDEN AVE, SUITE 1200	3.3 STREET ADDRESS	33 North Garden Ave. Ste. 1200
CITY-ST-ZIP	CLEARWATER, FL 00000	3.4 CITY-ST-ZIP	Clearwater FL 33755
TITLE	SV <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRICKER, ALFRED D.	4.2 NAME	
STREET ADDRESS	100 RENAISSANCE CENTER, SUITE 1855	4.3 STREET ADDRESS	
CITY-ST-ZIP	DETROIT MI	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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; 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, on an attachment with an address.

SIGNATURE _____ **Rav F. Mathis 04-01-98 (813) 461-4801**

CR2E034 (10/97)