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PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORFORATIONS 1996 **DOCUMENT #** 1. Corporation Name -FLORIDA MORTGAGE INVESTMENT COMPANY, INC TUNDING CORPORATION AMERITIRST Mailing Address Principal Place of Business 1218 EAST ROBINSON STREET 1218 EAST ROBINSON STREET ORLANDO FL 32801 ORLANDO FL 32801 3a. Date of Last Report 3. Date Incorporated or Qualified 02/22/1995 03/31/1978 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business 59-1555454 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #. etc. 5. Certificate of Status Desired Suite, Apt. #, etc. Fee Required 22 \$5.00 May Be City & State 6. Election Campaign Financing City & State \Box Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s 199.032, Country Country Ζip Yes No Florida Statutes 30 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) BUTLER, C. VICTOR, JR. 82 1218 EAST ROBINSON STREET 83 ORLANDO FL 32801 Zip Code **B**5 84 City 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, byted or professionance of regeleved specifiand total applicable. INOTE | Registered Agent signature required when reinstalling ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change PRESIDENT DELETE 1.11/16 J D112 TULLE JAY A. ROSIN BUTLER, JR., C. VICTOR 1.2 NAME NAME 220 NU BROWN 1218 E. ROBINSON ST. 13 STREET ADDRESS STREET ADDRESS 21-HNDO, FL 1.4 CITY - ST - ZIP ORLANDO FL CITY-ST-ZIP **Addition** [] Change VP. + DIR DELETE 2 1 7/11 8 TIME ROBERT IN SAMELS 2.2 NAME MAME ZIO N. PROW. 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY ST-ZIP CITY-ST-ZIP Change Addition DELETE 3 1 1/1/18 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 400001779184 3.4 CITY ST-ZIF -04/15/96--01015--092^{Change} CHTY - ST - ZIP Addition DELETE 4. 1 THEF TITLE 4.2 NAME ***200.00 NAME 4.3 STREET ADDRESS STREET ADDRESS 44 CITY ST-ZIP CITY - ST - ZIF Addition Change | DELETE 5 1 71018 TITLE 5.2 NAME NAME 5.3 STREET ACCRESS STREET ADDRESS 5 4 CITY - ST - ZIP CHTY - ST - ZIP [] DELETE 6 1 THE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 64 City St-7IP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Soction 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 it made uncertify 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 narrangears in Block 12 or Block 13 if changed, or on an attachment with an address. 3/15/96 (407)898-66 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)