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Mar 10 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # 682485 (8)  
1. Corporation Name  
MONEY MORTGAGE AND INVESTMENT CORP.



Principal Place of Business  
695 NE 126 STREET  
NORTH MIAMI FL 33161

Mailing Address  
P. O. BOX 610986  
NORTH MIAMI FL 33261-0986  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
21 2240 NE 202 St.

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Miami FL

28

24 Zip

25 Country

29 Zip

30 Country

33180

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HYDE, SUSAN  
695 NE 126 STREET  
NORTH MIAMI FL 33161

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME HYDE, SUSAN  
STREET ADDRESS 695 NE 126 STREET  
CITY-ST-ZIP NORTH MIAMI FL

1.1 TITLE PD  
1.2 NAME HYDE, SUSAN  
1.3 STREET ADDRESS 2240 NE 202 St  
1.4 CITY-ST-ZIP Miami, FL 33180

TITLE VD  
NAME HYDE, THOMAS  
STREET ADDRESS 695 NE 126 STREET  
CITY-ST-ZIP NORTH MIAMI FL

2.1 TITLE VD  
2.2 NAME Thomas Hyde  
2.3 STREET ADDRESS 2240 NE 202 St  
2.4 CITY-ST-ZIP Miami, FL 33180

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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 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:

*Susan M Hyde* SUSAN M HYDE

3/2/98

305 933-4152

CR2E034 (10/97)