

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY - 1 AM 10:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 845398 (7)

1. Corporation Name
MIDLAND MORTGAGE CORPORATION

Principal Place of Business Mailing Address
**1031 W MORSE BV STE 305 1031 W MORSE BV STE 305
WINTER PARK FL 32789 WINTER PARK FL 32789**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **03/05/1980** 3a. Date of Last Report **04/25/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		38-1233187		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under S. 119.052, Florida Statutes		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
23		28		24		25	
Zip		Country		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MOULTON, LESLEY 1031 W. MORSE BLVD. SUITE 300 WINTER PARK, FL 32789				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DS	1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOULTON, LESLEY	1 2 NAME	
STREET ADDRESS	1031 W MORSE BV 300	1 3 STREET ADDRESS	
CITY - ST - ZIP	WINTER PARK FL 32789	1 4 CITY - ST - ZIP	
TITLE	DP	2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARNES, JAMES T., JR.	2 2 NAME	
STREET ADDRESS	1031 W MORSE BV 300	2 3 STREET ADDRESS	
CITY - ST - ZIP	WINTER PARK FL 32789	2 4 CITY - ST - ZIP	
TITLE	V	3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHOWERS, JOHNNY	3 2 NAME	
STREET ADDRESS	1031 W. MORSE BLVD SUITE 300	3 3 STREET ADDRESS	
CITY - ST - ZIP	WINTER PARK FL 32789	3 4 CITY - ST - ZIP	
TITLE	AS	4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMERMAN, JOHN	4 2 NAME	
STREET ADDRESS	2290 1ST NAT'L BLDG	4 3 STREET ADDRESS	
CITY - ST - ZIP	DETROIT MI 48228	4 4 CITY - ST - ZIP	
TITLE	T	5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEIGER, MICHELE	5 2 NAME	
STREET ADDRESS	1031 W. MORSE BLVD #300	5 3 STREET ADDRESS	
CITY - ST - ZIP	WINTER PARK FL 32789	5 4 CITY - ST - ZIP	
TITLE	V	6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, JANET	6 2 NAME	
STREET ADDRESS	1031 W. MORSE BLVD., SUITE 300	6 3 STREET ADDRESS	
CITY - ST - ZIP	WINTER PARK FL 32789	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)(b), 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: Michele Geiger 4/26/95 (407) 740-5300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE (Day/Month/Year)