DOCUMENT # 848152 (5)     MORTGAGE AND SECURITY INVESTMENT COMPANY      Principal Place of Burnices     Mortgage And Security INVESTMENT COMPANY      Principal Place of Burnices     Mortgage Antone     Mortgage     Mortgage Antone     Mortgage     Mortg	FILE NOW: FILING FEE AFT PROFIT CORPORATION ANNUAL REPORT		FLORIDA Sa	TER MAY 1 IS \$550.00 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED Jan 21 1997 8:00am Secretary of State		
Principal notation         Data (ng abability)         Data (ng abability)         Data (ng abability)           QN STARET C DAYS         Bit (ng abability)         Bit (ng abability)         Bit (ng abability)         Bit (ng abability)           QN STARET C DAYS         Bit (ng abability)         Bit (n		MENT # 848152 Ge and security inves	2 (5)				2	
2. Principal Place of House ess 2. An Mutry Adamades 3. Mutry Adamades 3. Set Am 4, etc. 3. Set Am 4,	CYPRESS G	ARDENS ROAD 2. DAVIS	606 CYPRESS GAR C/O STANLEY C. L	DAVIS		3. Date Incorporated or Qualified 3a. Date of Last Report		
Store, Ant P. etc.         Store,	Principal Pla	ace of Business	2a. Mailing Addre	ess				Applied For
22     27     Cory & Soute     27     Cory & Soute     27       Cory & Soute     27     Cory & Soute     6. Election Campaign Financing     \$5.00 Million       Zor     Zor     Country     Zir     Country     10. This corporation has liability for inangible tax under s. 1       Zor     Zor     Country     Zir     Country     10. Name and Address of Current Registered Agent     10. Name and Address of Current Registered Agent       DAYS, DENNIS G.     28     Second Statutes     Image: Second Statutes     Image: Second Statutes     Image: Second Statutes       VINTER HAVEN FL 33880     Image: Second Statutes     Image: Second Statutes     Image: Second Statutes     Image: Second Statutes       11. Function to replate of agent to back, in the State of Index Statute Statutes     Image: Second Statutes     Image: Second Statutes     Image: Second Statutes       Stotact     Stotact     Stotact     Image: Second Statutes     Image: Second Statutes     Image: Second Statutes       11. Function to replate of agent to back, in the State of Index Statute Statute     Image: Second Statutes     Image: Second Statutes     Image: Second Statutes       Stotact     Stotact     Image: Second Statutes     Image: Second Statutes     Image: Second Statutes     Image: Second Statutes       Stotact     Image: Second Statutes     Image: Second Statutes     Image: Second Statutes<	Suita Ant #	t old		oto		59-1389304		Not Applicable
Bit     Tost Fund Contribution     Added to Statutors       Zip     Country     Zip     Country     R. This comparison has liability for intergolite tax unders s. 1       Darks, DenNis G.     Same and Address of Current Registered Agent     10. Name and Address of New Registered Agent       Darks, DenNis G.     Same and Address of Current Registered Agent     10. Name and Address of New Registered Agent       Darks, DenNis G.     Same and Address of Current Registered Agent     10. Name and Address of New Registered Agent       Darks, DenNis G.     Same and Address of New Registered Agent     10. Name and Address of New Registered Agent       Darks, DenNis G.     Same and Address of New Registered Agent     10. Name and Address of New Registered Agent       Bit     Same and Address of New Registered Agent     10. Name and Address of New Registered Agent       City     Figure Same and Address of New Registered Agent     10. Name and Address of New Registered Agent       Signal Same Agent	золе, Арг. #	•, etc.		elc		5. Certificate of Status Desired		
Zip         Country         Zip         Country         B. This constants a labelity for interplate law under s. 1           9. Manne and Address of Current Registered Agent         10. Name and Address of Current Registered Agent         10. Name and Address of New Registered Agent           DAVIS, DENNIS G.         223 NSSAU ROAD         81         Name         10. Name and Address of New Registered Agent           210. Name and Address of Current Registered Agent         10. Name and Address of New Registered Agent         10. Name and Address of New Registered Agent           223 NSSAU ROAD         81         Name         10. Name and Address of New Registered Agent           224 NSSAU ROAD         82         Street Address (P.O. Box Number is Net Acceptable)         10. Name and Address of New Registered Agent           210. Functional Statutes         600 for registered agent or back, in the State of Indick Statutes         15 Street Address (P.O. Box Number is Net Acceptable)         11. Functional Statutes         12 Street Address (P.O. Box Number is Net Acceptable)           211. Functional Statutes         600 for registered Agent agency agency and address of Agent agency agenc	City & State							
DAVIS, DENNIS G.     22     NASSAU ROAD       WINTER HAVEN FL 33880     81       P1     Functional status       P4     Dity       P4	Zıp	25	Zip 29		puntry	8. This corporation has liability for Florida Statutes	intangible tax under	
223 NASSAU ROAD     WINTER HAVEN FL 33800      223 NASSAU ROAD     WINTER HAVEN FL 33800      22 Street Address (P.O. Box Number is Not Acceptable)      33      44     City     FL     46     City     FL     FL     ADDITIONSCHANGES     To     FL     FL     Cit     FL	DAVIS		int Registered Agent		81 Name	10. Name and Address of New Re	gistered Agent	
B3       P4       City       P4        City       P4       City       P4       City       P4        City       P4       City       P4       P4 <t< td=""><td colspan="4">223 NASSAU ROAD</td><td colspan="3">82 Street Address (P.O. Box Number is Not Acceptable)</td></t<>	223 NASSAU ROAD				82 Street Address (P.O. Box Number is Not Acceptable)			
Image: Stress of Sections 607 0502 and 607 1508. Florida Statutes, the above named corporation submits this statement for the purpose of changing its regard 1 and inclusive with, and accept the obligators of, Section 607 0505. Florida Statutes.         SIGNATURE       Depter function of the obligators of, Section 607 0505. Florida Statutes.       Depter function of the obligators of, Section 607 0505. Florida Statutes.         SIGNATURE       Depter function of the obligators of, Section 607 0505. Florida Statutes.       Depter function of the obligators of section 607 0505. Florida Statutes.         SIGNATURE       Of InCLERS AND Dufle.CLORS       13.       ADDITIONS/CHANGES TO OFFICERS AND DIFECTORS         STD       STD       Of InCLERS AND Dufle.CLORS       13.       ADDITIONS/CHANGES TO OFFICERS AND OFFICERS AND DIFECTORS         Statutors       STD       STD       Depter function of the obligators against an industrig       DATE         Inte       STD       Inte function of the obligators against and against	WINTE	ER HAVEN FL 33880			83		· · · · · · · · · · · · · · · · · · ·	•••••
11. Fursionant to the provisions of Sections 607 (0502 and 607 1508. Florida Statutes, the above hamed corporation submits this statement for the purpose of changing its radius is an iterative with, and accept the objections of Section 607 0505. Florida Statutes.         SIGNATURE       Depth of provide provide provide on the chipathers of, Section 607 0505. Florida Statutes.         SIGNATURE       Depth of provide provi							96 7	n Code
office or registered agent or both, in the State of Horda. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as reagent is many accept the obligations of Scatcon 607 0505. Forda Statutes.         SIGNATURE       Ign to introllewith, and accept the obligations of Scatcon 607 0505. Forda Statutes.         12       OFFICE RS AND DIRECTORS         13.       ADDITIONS/OHANGES TO OFFICERS AND DIRECTORS         14.       State of Process and Directors         15.       In the state of the appoint the state of the appoint and the state of the appoint agent as the state of the appoint agent as the state of the appoint agent agent as the state of the appoint agent	Durnunnt to	e the overline of Cooliere 607 DE	02 and 607 1609 Flacid	la Ptatuloa, the		correlate as barries this statement for the	FL	
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CITY-ST-ZIP       WINTER HAVEN FL       44 CITY-ST-ZIP         TITLE       DELETE       5.1 TITLE       Change         NAME       52 NAME       52 NAME         STREET ADDRESS       5.3 STREET ADDRESS       5.4 CITY-ST-ZIP         TITLE       DELETE       61 TITLE       Change         NAME       DELETE       61 TITLE       Change         NAME       STREET ADDRESS       Change       Change         CITY-ST-ZIP       DELETE       61 TITLE       Change         NAME       62 NAME       Change       Change         STREET ADDRESS       63 STREET ADDRESS       City-ST-ZIP       Change         I. Ido horeby 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 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 report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made unde fam 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								
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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 unde 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 nar	NE EET ADDRESS Y - ST - ZIP E E		DEI	54 LETE 61 62	CITY - ST-ZIP TITLE NAME		Chang	e 🔲 Addition
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 nar	NE EET ADDRESS Y - ST - ZIP E E NE EET ADDRESS		D DEI	54 LETE 61 62 63	CITY - ST - ZIP TITLE NAME STREET ADDRESS		🗌 Chang	e 🗌 Addition
	RE EET ADDRESS (-ST-7)P E RE EET ADDRESS (-ST-7)P - E do hereby	y certify that the information supplic n indicated on this annual report or	ed with this filing does n	54 LETE 61 62 63 64 hot qualify for th	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP e exemption state	d in Section 119.07(3)(i), Florida Statute	as. I further certify th	at the
CIGNATURE (1/13/97 (941) 294-32	RE EET ADDRESS (-SI-ZIP E RE EET ADDRESS (-SI-ZIP Information Information 4 am an off	n indicated on this annual report or ficer or director of the corporation of	ied with this filing does n supplemental annual re or the receiver or trustee	LETE 54 LETE 61 62 63 64 hot qualify for th port is true and empowered to	CITY-ST-ZIP TITLE NAME STREFT ADDRESS CITY-ST-ZIP e exemption state: accurate and that	t my signature shall have the same lega	as. I further certify the	at the under oath; that
SIGNATURE: DAVIS OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR DENNISCA C. DAVIS OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR DENNISCA C. DAVIS OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR DENNISCA C. DAVIS OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR DENNISCA C. DAVIS OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR DENNISCA C. DAVIS OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR DENNISCA C. DAVIS OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR DENNISCA C. DAVIS OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR DENNISCA C. DAVIS OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR DENNISCA C. DAVIS OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR DENNISCA C. DAVIS OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR DENNISCA C. DAVIS OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR DENNISCA C. DAVIS OFFICER OFFICER OF DIRECTOR DENNISCA C. DAVIS OFFICER OFFIC	RE EET ADDRESS (-SI-7/P E EET ADDRESS (-SI-7/P information I do hereby information I am an off appears in	h indicated on this annual report or ficer or director of the corporation of h Block 12 or Block 13 if changed,	ied with this filing does n supplemental annual re or the receiver or trustee	LETE 54 61 62 63 64 hot qualify for th aport is true and empowered to h an address.	CITY-ST-ZIP TITLE NAME STREFT ADDRESS CITY-ST-ZIP e exemption state accurate and tha execute this repo	t my signature shall have the same lega	es. I further certify th al effect as if made t Statutes; and that m	at the under oath; that y name