

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

FILED  
May 05 1998 8:00am  
Secretary of State

DOCUMENT # F96680 (6)  
1. Corporation Name  
MIDLAND MORTGAGE INVESTMENT CORPORATION



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

DO NOT WRITE IN THIS SPACE

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		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	

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 FL 85 Zip Code  
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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PS	<input type="checkbox"/> DELETE
NAME	GLOECKL, KEITH J.	
STREET ADDRESS	33 N GARDEN AVE, SUITE 1200	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	EVT	<input type="checkbox"/> DELETE
NAME	MATHIS, RAY F.	
STREET ADDRESS	33 N GARDEN AVE, SUITE 1200	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BANKS, ROBERT J	
STREET ADDRESS	33 N GARDEN AVE, SUITE 1200	
CITY-ST-ZIP	CLEARWATER, FL 00000	
TITLE	SV	<input type="checkbox"/> DELETE
NAME	BRICKER, ALFRED D.	
STREET ADDRESS	100 RENAISSANCE CENTER, SUITE 1855	
CITY-ST-ZIP	DETROIT MI	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Banks, Robert J.
3.3 STREET ADDRESS	33 North Garden Ave. Ste. 1200
3.4 CITY-ST-ZIP	Clearwater FL 33755
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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; 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

Ray F. Mathis 04-01-98 (813) 461-4801

CR2E034 (10/97)