

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 JUL -6 AM 8:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **L52941** (6)

FLORIDA MORTGAGE INVESTORS, INC.

Principal Place of Business: 4907 COMMONWEALTH DR SARASOTA FL 34242 US  
Mailing Address: 1800 SECOND STREET STE 780 SARASOTA FL 34236 US

(DO NOT WRITE IN THIS SPACE)

2. Date of Last Annual Report	2a. Mailing Address	3. Date Prepared or Qualified	3a. Date of Last Report
21. 1343 Main Street	26. PO Box 2313	02/26/1990	10/13/1994
22. Ste. 419	27. Sarasota	4. FEE NUMBER	Append For Next Application
23. Sarasota, Florida	28. Sarasota, Florida	5. Current State of Status (Number)	\$8.75 Additional Fee Required
24. 34236	29. 34230	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
25. Sarasota	30. Sarasota	7. Does corporation have liability for employment tax under Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
KURZ, JOHN F. 4907 COMMONWEALTH DR. SARASOTA FL 34242	B1. Name B2. Street Address (P.O. Box Number is Not Acceptable) B3. B4. City
	FL B5. Zip Code

11. I, the undersigned, the president or secretary of the corporation, hereby certify that the above named corporation satisfies the statement for the purpose of filing its registered office or registered agent in the State of Florida. Each change was authorized by the corporation's board of directors, officers, or the registered agent. I am the registered agent of the corporation in the State of Florida.

Signature: *John F. Kurz* Date: 5/24/95

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	ADDRESS	13. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D KURZ, JOHN F. 4907 COMMONWEALTH DR SARASOTA FL			
NAME	ADDRESS	13. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	ADDRESS	13. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADDRESS	13. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is complete, true and correct, and that I am qualified to file the report on behalf of the corporation. I am the registered agent of the corporation in the State of Florida. I am the registered agent of the corporation in the State of Florida.

SIGNATURE: *John F. Kurz* 5/24/95 8-13-365-6477

SIGNATURE AND TYPE OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR