FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 JUL -6 AM 8:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L52941 (6)

1. Entity Name
FLORIDA MORTGAGE INVESTORS, INC.

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

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated or Qualified: 02/26/1990
3a. Date of Last Report: 10/13/1994

2. Principal Place of Business
21 1343 Main Street
Suite, Apt. # or Rm.
22 Ste. 419
City & State
23 Sarasota, Florida
24 34236 25 Sarasota

2a. Mailing Address
26 Po Box 2313
Suite, Apt. # or Rm.
27
City & State
28 Sarasota, Florida
29 34230 30 Sarasota

4. FEI Number
65-0175928
Applied For ☐
Not Applicable ☐

5. Certificate of Status (optional) ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has assets for equipment tax (under 5 million Florida Statutes) ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

KURZ, JOHN F.
4907 COMMONWEALTH DR.
SARASOTA FL 34242

10. Name and Address of New Registered Agent

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 Section 607.0502 and/or 608.4101, 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.

J.F. Kurz 5/24/95
(Signature of New Registered Agent, if changed) (Date)

12. OFFICERS AND DIRECTORS

D
KURZ, JOHN F.
4907 COMMONWEALTH DR
SARASOTA FL

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 19

☐ Change ☐ Addition
Name
Address
City-State-Zip
Title

☐ Change ☐ Addition
Name
Address
City-State-Zip
Title

☐ Change ☐ Addition
Name
Address
City-State-Zip
Title

☐ Change ☐ Addition
Name
Address
City-State-Zip
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☐ Change ☐ Addition
Name
Address
City-State-Zip
Title

☐ Change ☐ Addition
Name
Address
City-State-Zip
Title

14. I hereby certify that the information supplied with this filing complies with the requirements of Chapter 607 or Chapter 608, Florida Statutes. I further certify that I am familiar with and authorized to sign the above report pursuant to Section 607.0502 or Section 608.4101, Florida Statutes.

SIGNATURE: J.F. Kurz 5/24/95 813-365-6477
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)

0340843 CP