

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. Fiscal Year (Date of Beginning)		2a. Mailing Address		3. Date Prepared or Qualified	3a. Date of Last Report
21 1343 Main Street		26 PO Box 2213		02/26/1990	10/13/1994
22 Ste. 419		27 Sarasota		4. FEE NUMBER	Append For First Application
23 Sarasota, Florida		28 Sarasota, Florida		5. Certificate of Status (Number)	\$8.75 Additional Fee Required
24 34236		29 Sarasota		6. Election Campaign Financing Trust Fund Contribution	
		30 Sarasota		<input type="checkbox"/> \$5.00 May Be Added to Fees B. 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 in that Acceptation)			
				B3			
				B4 City			
				FL B5 74 Corp.			

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 a resident of the State of Florida.

SIGNATURE: *John F. Kurz* DATE: 5/24/95

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 1995	
NAME	D KURZ, JOHN F. 4907 COMMONWEALTH DR SARASOTA FL	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		2. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY		3. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STATE		4. STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ZIP CODE		5. ZIP CODE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
POSITION		6. POSITION	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DATE OF ASSUMPTION OF OFFICE		7. DATE OF ASSUMPTION OF OFFICE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DATE OF RESIGNATION		8. DATE OF RESIGNATION	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DATE OF DEATH		9. DATE OF DEATH	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DATE OF REMOVAL		10. DATE OF REMOVAL	<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 a resident of the State of Florida. Each change was authorized by the corporation's board of directors, officers, or the registered agent. I am a resident of the State of Florida.

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