

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Jul 19 1996 8:00 am
Secretary of State

DOCUMENT # **L52941 (6)**

1. Corporation Name
FLORIDA MORTGAGE INVESTORS, INC.



Principal Place of Business: **1343 MAIN STREET SUITE 419 SARASOTA FL 34236 US**
Mailing Address: **P.O. BOX 2313 ~~STE 700~~ SARASOTA FL 34230 US**

2. Principal Place of Business: **1717 Second Street**
21 Suite, Apt. #, etc.: **Ste. D**
22 City & State: **SARASOTA, FL**
23 Zip: **34236** Country: **SARASOTA**
24 Zip: **34230** Country: **USA**

3. Date Incorporated or Qualified: **02/26/1990** 3a. Date of Last Report: **07/06/1995**
4. FEI Number: **65-0175928**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, 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: **SAME**
82 Street Address (P.O. Box Number is Not Acceptable): **555 Beach Rd.**
83
84 City: **Sarasota** FL 85 Zip Code: **34242**

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: _____ (NOTE: Registered Agent signature required when registering.) DATE: _____

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	D	<input type="checkbox"/> DELETE
NAME	KURZ, JOHN F.	
STREET ADDRESS	4907 COMMONWEALTH DR	
CITY-ST-ZIP	SARASOTA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
11 TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
12 NAME			
13 STREET ADDRESS	555 Beach Rd.		
14 CITY-ST-ZIP	Sarasota FL 34242		
21 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
22 NAME			
23 STREET ADDRESS			
24 CITY-ST-ZIP			
31 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
32 NAME			
33 STREET ADDRESS			
34 CITY-ST-ZIP			
41 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
42 NAME			
43 STREET ADDRESS			
44 CITY-ST-ZIP			
51 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
52 NAME			
53 STREET ADDRESS			
54 CITY-ST-ZIP			
61 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
62 NAME			
63 STREET ADDRESS			
64 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 or 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: _____ Date: **7/16/96** Telephone #: **741-565-6477**

CR2E034 (12/95)