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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

May 28 1997 8:00am

Secretary of State

904-268-6266 Daytime Prione #

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000029298 (5)

MORTGAGE INVESTMENT FUNDING, INC.

appears in Block 12 or Block 13 if change

SIGNATURE:

PO BOX 4042 P.O.BOX 4042 PLANT CITY FL 33584-4042 PLANT CITY FL 33564 3a. Date of Last Report 3. Date Incorporated or Qualified 04/20/1993 04/23/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3225767 Not Applicable 26 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5,00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country Ζıρ Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 29 30 25 Florida Statutes 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name RON, AYERS 1002 JOHNSON RD Street Address (P.O. Box Number is Not Acceptable) PLANT CITY FL 33566 83 Zip Code 84 City 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. Fam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signarure, typed or printed name of registered agent and tille if applicable (NOTE Registered Agent eignature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE 1.1 TITLE TITLE RON, AYERS 1.2 NAME NAME 1002 JOHNSON RD 1.3 STREET ADDRESS STREET ADDRESS PLANT CITY FL 33566 1.4 CITY-ST-ZIP DITY-ST-7(P Change Addition DELETE 2.1 TITLE TELLE 22 NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-SY-7IP DELETE Change Addition 3.1 TITLE TITLE NAME 32 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP COLY-ST-ZIP DELETE Change Addition 5.1 TITLE THLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIF DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ACCRESS 6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplier 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 of 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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name