

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

FILED
Jan 27 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P93000051131 (9)

1. Corporation Name

HOUSING INVESTMENT CORPORATION



DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
209 N.E. 95 STREET MIAMI SHORES FL 33138		P.O. BOX 530731 MIAMI SHORES FL 33153	
2. Principal Place of Business		2a. Mailing Address	
21 Suite 103		26 Suite, Apt. #, etc.	
22 4100 N. Miami Avenue		27 City & State	
23 Miami, Florida 33127		28 City & State	
24 33127		25 US	
29		30	
9. Name and Address of Current Registered Agent			
HALL, JON C 209 N.E. 95 STREET MIAMI SHORES FL 33138			
10. Name and Address of New Registered Agent			
81 Name			
82 Street Address (P.O. Box Number is Not Acceptable)			
Suite 103			
83 4100 N. Miami Avenue			
84 City			
Miami			
85 Zip Code			
FL 33127			

3. Date Incorporated or Qualified	
07/16/1993	
4. FEI Number	Applied For
65-0425906	Not Applicable
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 owes or has paid the current year intangible Personal Property Tax due June 30.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

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 reinstalling) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	RD MUNRO, EDMOND	1.1 TITLE	Joseph Franklin
NAME	6824 WINDING WAY	1.2 NAME	President Director
STREET ADDRESS	ESCONDIDO, CA	1.3 STREET ADDRESS	4100 N. Miami Avenue
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Miami, Florida 33127
TITLE	EVERETT, ALLIE	2.1 TITLE	Vice President
NAME	170 GEORGIA WAY	2.2 NAME	
STREET ADDRESS	FT. LAUDERDALE FL 33312	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	V. President	3.1 TITLE	Director
NAME	EDMUND MUNRO	3.2 NAME	
STREET ADDRESS	6824 WINDING WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	ESCONDIDO, CA 92025	3.4 CITY-ST-ZIP	
TITLE	ST SIMON, B.	4.1 TITLE	
NAME	80 BALSAM WAY	4.2 NAME	
STREET ADDRESS	OAKLAND NJ 07438	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	HALL, JON	5.1 TITLE	Vice President
NAME	209 N.E. 95 STREET	5.2 NAME	
STREET ADDRESS	MIAMI SHORES FL 33138	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied 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 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: _____ 305-573-0075

CR2E034 (10/97)