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

Mailing Address

250 AUSTRALIAN AVENUE

SUITE 400 WEST PALM BEACH FL 33401-5012

CORPORATION ANNUAL REPORT

1997

Principal Place of Business

I am an officer or director appears in Block 12 or B

SIGNATURE:

250 AUSTRALIAN AVENUE SUITE 400 WEST PALM BEACH FL 33401



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 02 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P94000085948 (5)

MORTGAGE INVESTMENT GROUP, INC.

									1	<ol> <li>Date incorporated or Qualified 11/28/1994</li> </ol>		te of Last R 12/1996	eport			
2. Principal Place of Business					2a. Mai	2a. Mailing Address				4. FEI Number			oplied For			
21			.000		26	h				65-0540668 Not Applie						
النشا	Suite, Apt. i	, etc.				Suite, Apt. #, etc.							Additional			
22					27	27				5. Certificate of Status Desired	Ш	Fee Re				
City & State					City	City & State				6. Election Campaign Financing	***************************************	\$5.00	May Be			
23					28	28				Trust Fund Contribution Added to Fees						
	Zip .		Country Zip Co				untry		8. This corporation has liability for intangible tax under s. 199.032,							
24		25 29 30						· · · · · · · · · · · · · · · · · · ·	Florida Statutes X Yes No							
9. Name and Address of Current Registered Agent									10. Name and Address of New Registered Agent							
GOLDBERGER, JANE S. 250 SE AUSTRALIAN AVE STE 400 WEST PALM BEACH FL 33401								81 Name Sharon Patrie 82 Street Address (P.O. Box Number is Not Acceptable) 83 Swite 400								
								84 City	Nusa	+ Prim Beach	FL		Code 3401			
	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. Larn familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or printed name of registered agent and the if applicable (NOTE Registered Agent algebrase registered when reinstating)  (NOTE Registered Agent algebrase registered when reinstating)															
12				OFFICERS AND	DIRECTO	RS	13.			ADDITIONS/CHANGES TO OFF	ICERS AND	DIRECTOR	RS IN 12			
TIT	LE (	DT				DELETE	1.1 T		VP			Change	Addition			
NA:	ME	WAYMA	n, ec	OWIN B			1.2 N	AME	Edw	in B. Nayman Australian Aves * t Palm Beach, Fl						
	STREET ADDRESS 250 AUSTRALIAN AVENUE SUIT					400 1.3 ST			250	Australian Aves *	<i>\$400</i>					
CIT	WEST PALM BEACH FL						ITY-ST-ZIP	Nes	t Palm Beach, FL	33401						
Tuti	Lt	DPS				DELETE	21 T					Change	Addition			
NAI	ME ]							IAME	]							
STE	REET ADDRESS	lian avenue su	ITE 400		2.3 STREET ADDRES		ĺ									
QII	COY-ST-ZIP WEST PALM BEACH FL					2. 4 CI			l							
TIT	Lf	DV				☐ DELETE	3.1 T	ITLE				Change	Addition			
NAI	ME	COTE, JAMES A						AME								
STA	TREET ADDRESS 1990 N CALIFORNIA BLVD SUITE 640						3.3 9	TREET ADDRESS								
CH	Y-ST-ZIP	WALNUT	r Cri	EEK CA			3.4. (	CITY-ST-ZIP	l							
TII	ı E	AS				DELETE	4.1 T	ITLE	AS\	VPIT L. Gutin		Change	Addition			
NA.	ME .	gutin,					4.21	VAME	Kaft	olcen L. Outin	1. 1					
STE	REFT ADDRESS			ralian ave ste	400		4.3 \$	TREET ADDRESS	250	Australian Ave Si + Palm Beach, Fl	*400					
CIT	Y-SI-7F	WEST P	ALM	BEACH FL			440	:ITY-ST-2IP	Wes	it Palm Beach, Fl	<u>. 3340</u>	<u> </u>				
111	LF					DELETE	51T	ITLE	VP	) a hala (4a		Change	Addition			
NA	ME						5.2 1	IAME	Can	lyn L. Whatier C	#LIM					
STE	reet adoress [						5.3 8	TREET ADDRESS	250	Australian Ave. S	700		i			
CII	Y-ST-ZIP						5.4 0	ITY-ST-ZIP	Wes	+ Palm Beach, Fi	· 3340	기				
TiT	uf ]	_ ,				☐ DELETE	6.17	ITLE	11/1/2			Change	<b>⋈</b> Addition			
NA	MÉ						6.21	IAME	LON	Australian Ave. St	HIND					
STI	REFT ADDRESS						6.3 5	TREET ADDRESS	250	AUSTVALLAL HIVE. >=	700					
	IY - Ş1 - ZIP						6.4 (	ITY-ST-ZIP	West	- Palm Beach, Fl	13341	2				
14	l. I do heret informatio I am an of	by certify the n indicated licer or dire	at the on the octor,	14. I do 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												