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

PROFIT CORPORATION ANNUAL REPORT



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

P94000085948 (5) DOCUMENT #

MORTGAGE INVESTMENT GROUP, INC.

Principal Place of Business Mailing Address 250 AUSTRALIAN AVENUE

FILED May 15 1998 8:00am Secretary of State



250 AUSTRALIAN AVENUE SUITE 400 DO NOT WRITE IN THIS SPACE WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401 3. Date Incorporated or Qualified 11/28/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0540668 21 26 Not Applicable Suite, Apt. #. etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Zip Country Country Zip 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 24 25 29 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent PATRIE, SHARON Bí Name 250 AUSTRALIAN AVE S Street Address (P.O. Box Number is Not Acceptable) 82 SUITE 400 83 W PALM BCH FL 33401 84 Zip Code 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** Signature, typed or printed name of registered agent and title if applicable (NOTF: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE ☐ Change Addition TITLE 1.4 TITLE WAYMAN, EDWIN B NAME 1.2 NAME 3R2E034 250 AUSTRALIAN AVENUE SUITE 400 STREET ADDRESS 1.3 STREET ADDRESS WEST PALM BEACH FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE WRIGHT, LARRY E NAME 2.2 NAME 250 AUSTRALIAN AVENUE SUITE 400 STREET ADDRESS 2.3 STREET ADDRESS WEST PALM BEACH FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE COTE, JAMES A NAME 3.2 NAME 1990 N CALIFORNIA BLVD SUITE 640 STREET ADDRESS 3.3 STREET ADDRESS WALNUT CREEK CA CITY-ST-ZIP 3.4. CITY - S1 - ZIP TITLE DELETE 4.1 TO LE Addition **G**UTIN, KATHLEEN L 4. 2 NAME NAME 250 S AUSTRALIAN AVE STE 400 4.3 STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 51 THLE WHATLEY, CAROLYN L NAME 5.2 NAME 250 AUSTRALIAN AVE S #400 STREET ADDRESS 5.3 STREET ADDRESS W PALM BCH FL CITY-ST-ZIP 5.4 CITY - ST- ZIP DELETE Change Addition TITLE 6.1 TITLE **VOGT, LOUIS E** NAME 6.2 NAME 250 AUSTRALIAN AVE S #400 STREET ADDRESS 63 STREET ADDRESS W PALM BCH FL 6.4 City-St-ZiP 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 of the receiver or trustee empsyched 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 strattechnical with an addiction.

Tr/XIP&

to contant D