


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

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Mar 17 1997 8:00am  
Secretary of State

| PROFIT CORPORATION<br>ANNUAL REPORT<br>1997   |  | <br>FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS  |  |
|---|--|--|--|
| DOCUMENT # P95000005188 (4)   |  |  |  |
| 1. Corporation Name<br>MORTGAGE INNOVATIONS, INC.   |  |  |  |
| Principal Place of Business<br>1599 SOUTHWEST 5TH AVE.<br>BOCA RATON FL 33432<br>1451 W. CYPRESS CREEK RD<br>SUITE 300<br>FT. LAUDERDALE, FL 33309  |  | Mailing Address<br>1599 SOUTHWEST 5TH AVE.<br>BOCA RATON FL 33432<br>1451 W. CYPRESS CREEK RD<br>SUITE 300<br>FT. LAUDERDALE, FL 33309   |  |
| 2. Principal Place of Business  |  | 3. Date Incorporated or Qualified<br>01/18/1995  |  |
| 21. 1451 W. CYPRESS CREEK RD<br>Suite, Apt. #, etc.<br>22. SUITE 300<br>City & State<br>23. FT. LAUDERDALE FL<br>Zip Country<br>24. 33309 25. USA   |  | 3a. Date of Last Report<br>04/29/1996<br>4. FEI Number<br>65-0554274<br>5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required<br>6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees<br>7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |
| 26. 1451 W. CYPRESS CREEK RD<br>Suite, Apt. #, etc.<br>27. SUITE 300<br>City & State<br>28. FT. LAUDERDALE FL<br>Zip Country<br>29. 33309 30. USA   |  | 8. Name and Address of Current Registered Agent<br>HARRIS, CHARLES B<br>1599 SOUTHWEST 5TH AVE.<br>BOCA RATON FL 33432   |  |
| 9. Name and Address of Current Registered Agent   |  | 10. Name and Address of New Registered Agent   |  |
| 81. Name<br>82. Street Address (P.O. Box Number is Not Acceptable)<br>83.<br>84. City<br>BOCA RATON FL 85. Zip Code<br>33434  |  | 81. Name<br>HARVEY M. COLLIER<br>82. Street Address (P.O. Box Number is Not Acceptable)<br>4001 NW 27 TERRACE<br>83.<br>84. City<br>BOCA RATON FL 85. Zip Code<br>33434  |  |
| 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 HARVEY M. COLLIER, TREASURER<br>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature is required when reinstating) DATE   |  |  |  |
| 12. OFFICERS AND DIRECTORS  |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP<br>TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP<br>TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP<br>TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP<br>TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |  | 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY - ST - ZIP<br>2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY - ST - ZIP<br>3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY - ST - ZIP<br>4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY - ST - ZIP<br>5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY - ST - ZIP<br>6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY - ST - ZIP                             |  |
| 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address. |  |  |  |
| SIGNATURE: HARVEY M. COLLIER, TREASURER<br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |  | (954)<br>489-2701<br>Daytime Phone #   |  |

CR2E034 (9/96)