

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

APPROVED
AND
FILED

96 SEP 11 AM 9:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000038824 (5)

1. Corporation Name
FLORIDA MORTGAGE FINANCIAL, INC.



Principal Place of Business Mailing Address

356 EAST 56TH ST.
HIALEAH FL 33013

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HIALEAH FL 33013

2. Principal Place of Business 21 6157 NW 167ST Suite, Apt. #, etc. 22 F 21	2a. Mailing Address 26 27 28 29 30	3. Date Incorporated or Qualified 05/16/1995	3a. Date of Last Report
23 MIAMI FL 24 33015 25 DADE	24 City & State 25 Country 26 Zip 27 28 29 30	4. FEI Number 65-0580864-000-000	4a. Applied For Not Applicable
		5. Certificate of Status Desired □	5a. \$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution □	6a. \$5.00 May Be Added to Fees
		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes □ Yes □ No	

9. Name and Address of Current Registered Agent

MIDSTATE LEGAL SUPPLY CORP.
4435 OLD WINTER GARDEN RD.
ORLANDO FL 32811

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 607.1505, Florida Statutes.

SIGNATURE

Juan R. Batista

9/23/96

DATE

Signature typed or printed in ink, registered agent and date typed or printed (Note: Registered Agent's signature required when restating)

12. OFFICERS AND DIRECTORS

		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	NAME BATISTA, JUAN	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 3000001955123 -09/24/96--01137--005 ***225.00 ***225.00
TITLE	NAME STREET ADDRESS CITY-ST-ZIP	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP □ Change □ Addition
TITLE	NAME STREET ADDRESS CITY-ST-ZIP	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP □ Change □ Addition
TITLE	NAME STREET ADDRESS CITY-ST-ZIP	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP □ Change □ Addition
TITLE	NAME STREET ADDRESS CITY-ST-ZIP	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP □ Change □ Addition
TITLE	NAME STREET ADDRESS CITY-ST-ZIP	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP □ Change □ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Juan R. Batista

8/23/96 305-819-6488

Digitized Photo #