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FILED
May 07 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P95000069846 (0)
1. Corporation Name
ANDREW MORTGAGE INVESTMENT CORP.



Principal Place of Business: 10651 SPRINGBUCK TRAIL ORLANDO FL 32825
Mailing Address: 10651 SPRINGBUCK TRAIL ORLANDO FL 32825-0632

3. Date incorporated or Qualified: 09/11/1995
3a. Date of Last Report: 03/30/1996

2. Principal Place of Business: 8281 Muirhead Circle Boynton Beach FL 33437
2a. Mailing Address: 8281 Muirhead Circle Boynton Beach FL 33437

4. FEI Number: 65-0614752
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: SHAPIRO, STANLEY 6955 W. ROGERS CRT., #1 BOCA RATON FL 33487

10. Name and Address of New Registered Agent: 8281 Muirhead Circle Boynton Beach FL 33437

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: Stanley Shapiro
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE	
TITLE	PD		
NAME	SHAPIRO, STANLEY		
STREET ADDRESS	10651 SPRINGBUCK TRAIL		
CITY - ST - ZIP	ORLANDO FL 32825		
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY - ST - ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS	8281 Muirhead Circle		
1.4 CITY - ST - ZIP	Boynton Beach FL 33437		
2.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY - ST - ZIP			
3.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME			
6.3 STREET ADDRESS			
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: Stanley Shapiro
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: Daytime Phone #: 0094676

CR2E034 (9/96)