

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Jun 10 1997 8:00am
Secretary of State

DOCUMENT # P95000077741 (3)

1. Corporation Name

MORTGAGE DEVELOPMENT & INVESTMENT CORPORATION

Principal Place of Business

Mailing Address

9853 N TAMIAMI TRAIL
DUTCHESS CENTRE
NAPLES, FL 34108

9853 N TAMIAMI TRAIL
#106-106
NAPLES, FL 34108

3. Date Incorporated or Qualified
10/10/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

2a Suite, Apt. #, etc.

23 City & State

2a City & State

24 Zip

Country

2a Zip

Country

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

☒ Yes

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

3. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NOLD, JOHN A
985 N. COLLIER BLVD.
ROYAL PALM MALL
MARCO ISLAND FL

81 Name

STRICKLAND, LINDA

82 Street Address (P.O. Box Number is Not Acceptable)

9853 N TAMIAMI TRAIL, #106-106

83

DUTCHESS CENTRE

84 City

NAPLES

FL

85 Zip Code
34108

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

5/6/97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
STRICKLAND, LINDA
5100 N. TAMIAMI TRAIL, SUITE 126
NAPLES FL 33940

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY-STATE-ZIP
President/Secretary ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
BIAGINI, JOYCE
5100 N. TAMIAMI TRAIL, SUITE 126
NAPLES FL 33940

5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY-STATE-ZIP
Vice President ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
PAGE, DAVID
5100 N. TAMIAMI TRAIL, SUITE 126
NAPLES, FL 33940

9. TITLE
10. NAME
11. STREET ADDRESS
12. CITY-STATE-ZIP
VICE PRESIDENT/TREASURER ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
DAVID, ROBERT J.
5100 N TAMIAMI TRAIL, SUITE 126
NAPLES, FLORIDA 33940

13. TITLE
14. NAME
15. STREET ADDRESS
16. CITY-STATE-ZIP
DIRECTOR ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

17. TITLE
18. NAME
19. STREET ADDRESS
20. CITY-STATE-ZIP
300002211293
-06/13/97--01034--014
***173.75 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

21. TITLE
22. NAME
23. STREET ADDRESS
24. CITY-STATE-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 199.07(1)(b), 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 as an attachment with an address.

SIGNATURE: Linda Strickland 5/6/97

(94) 592-9440

CS
6/10/97