

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

FILED

Mar 14 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 # P96000024129 (4)
1. Corporation Name
1507100 MORTGAGE INVESTMENTS, INC.



Principal Place of Business
277 NORTH COLLIER BLVD.
2ND FLOOR
MARCO ISLAND FL 33937

Mailing Address
277 NORTH COLLIER BLVD.
2ND FLOOR
MARCO ISLAND FL 34145-3033

3. Date Incorporated or Qualified: 03/18/1996
3a. Date of Last Report
4. FEI Number: 65-0701401
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business
21 870 BALD EAGLE DR.
Suite, Apt. #, etc.
22 1B
City & State
23 MARCO ISL FL
Zip
24 34145
Country
25 USA

2a. Mailing Address
26 870 BALD EAGLE DR.
Suite, Apt. #, etc.
27 1B
City & State
28 MARCO ISL FL
Zip
29 34145
Country
30 USA

9. Name and Address of Current Registered Agent
REINDERS, JAMES Q M
277 NORTH COLLIER BLVD.
2ND FLOOR
MARCO ISLAND FL 33937

10. Name and Address of New Registered Agent
81 Name: REINDERS, JAMES M.
82 Street Address (P.O. Box Number is Not Acceptable): 870 BALD EAGLE DR.
83 Suite 1B
84 City: MARCO ISL FL
85 Zip Code: 34145

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] DATE: 3-11-97

Table with 5 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP, and a DELETE checkbox. Section 12: OFFICERS AND DIRECTORS.

Table with 5 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP, and Change/Addition checkboxes. Section 13: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.

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: JAMES M. REINDERS, PRES. [Signature] DATE: 3-11-97 941 389 1110

CR2E034 (9/96)