SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

PROFIT CORPORATION ANNUAL REPORT

1998

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

FILED
Oct 08 1998 8:00am
Secretary of State

DOCUMENT # P96000046569 (5)

1. Corporate Name
MISSION MORTGAGE & INVESTMENTS, INC.

Principal Place of Business
435 EAST HIGHWAY 434
SUITE 200
LONGWOOD FL 32750

Mailing Address
435 EAST HIGHWAY 434
SUITE 200
LONGWOOD FL 32750

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/28/1996

4. FEI Number
59-3390705
[ ] 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 owes or has paid the current year Intangible Personal Property Tax due June 30 [X] Yes [ ] No

2. Principal Place of Business
21 7457 ALOMA AVE
Suite, Apt. #, etc.
22 SUITE 302
City & State
23 WINTER PARK FL
Zip
24 32792
Country
25 USA

2a. Mailing Address
26 7457 ALOMA AVE
Suite, Apt. #, etc.
27 SUITE 302
City & State
28 WINTER PARK, FL
Zip
29 32792
Country
30 USA

9. Name and Address of Current Registered Agent
MILLER, ROBERT E
990 DOUGLAS AVENUE
ALTAMONTE SPRINGS FL 32714

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL
85 Zip Code

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 of New Registered Agent or Officer of Corporation representing New Registered Agent
DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME KLEIN, GREGORY A
STREET ADDRESS 435 EAST HIGHWAY 434, S-200
CITY-ST-ZIP LONGWOOD FL 32750
[ ] DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[ ] DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[ ] DELETE

TITLE
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[ ] DELETE

TITLE
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CITY-ST-ZIP
[ ] DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[ ] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS 7457 ALOMA AVE #302
CITY-ST-ZIP WINTER PARK, FL 32792
[ ] Change [ ] Add

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[ ] Change [ ] Add

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[ ] Change [ ] Add

14. I 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: Gregory A Klein 9-30-98
SIGNATURE AND TITLE OF DESIGNATED RANK OF SIGNING OFFICER OR DIRECTOR
DATE