

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

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PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000073312 (6)

1. Corporation Name

COMMERCIAL MORTGAGE INVESTORS, INC.

97 SEP 18 PM 12:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 104 N.W. 109TH AVENUE #108 PEMBROKE PINES FL 33026	Mailing Address 104 N.W. 109TH AVENUE #108 PEMBROKE PINES FL 33026
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2. Principal Place of Business 21 3475 Sheridan St. Suite, Apt. #, etc. 22 214A City & State 23 Hollywood, FL Zip 24 33021	2a. Mailing Address 26 3475 Sheridan St. Suite, Apt. #, etc. 27 214A City & State 28 Hollywood, FL Zip 29 33021
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3. Date Incorporated or Qualified 09/04/1996	3a. Date of Last Report
4. FEI Number 65-0696537	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent COLTRANE, BONNIE D 104 N.W. 109TH AVENUE #108 PEMBROKE PINES FL 33026	
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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 *Bonnie D Coltrane* DATE 9/10/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVTS COLTRANE, BONNIE D 104 N.W. 109TH AVENUE #108 PEMBROKE PINES FL 33026 <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLTRANE, BONNIE D 104 N.W. 109TH AVENUE #108 PEMBROKE PINES FL 33026 <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

CR2E034 (4/97)

Commercial Mortgage Investors, Inc.

3475 Sheridan Street, Suite 214A; Hollywood, FL 33021
TEL: 954-962-9625 FAX: 954-962-9604

September 11, 1997

Department of State
Annual Reports Filings
Division of Corporations
George Firestone Building
409 E. Gaines Street
Tallahassee, FL 32399

To Whom it May Concern:

Attached please find my annual report along with a check in the amount of \$165.00.

I hereby certify that I never received the first notification. I am aware that the annual fee had to be paid; however, I did not receive the notification. As you will notice, I did correct the business address.

I spoke with Angie in your office and she stated for me to send this letter in along with the check for \$165.00.

I hope that you will please accept this amount for it has been a rough first year and moneys are very tight.

Should you have any questions, please feel free to contact me at: (954) 962-9625.

Thank you for your cooperation.

Sincerely,



Bonnie D. Coltrane
President