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Feb 18 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 # P96000078554 (8)

1. Corporation Name
MORTGAGE FINANCING INCORPORATED



Principal Place of Business
124 S.E. 12TH PLACE
CAPE CORAL FL 33990

Mailing Address
124 S.E. 12TH PLACE
CAPE CORAL FL 33990-1745

3. Date Incorporated or Qualified 09/20/1996	3a. Date of Last Report
4. FEI Number 65-0695366	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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 4575 VIA ROYALE Suite, Apt. #, etc.	26 4575 VIA ROYALE Suite, Apt. #, etc.
22 #101 City & State	27 #101 City & State
23 FORT MYERS, FL Zip	28 FORT MYERS, FL Zip
24 33919 Country	29 33919 Country
25 USA	30 USA

9. Name and Address of Current Registered Agent SMITH, WILLIAM R 8191 COLLEGE PARKWAY #300 FORT MYERS FL 33919	10. Name and Address of New Registered Agent 81 Name EDWARD J DEVIN 82 Street Address (P.O. Box Number is Not Acceptable) 4575 VIA ROYALE #101 83 84 City FORT MYERS FL 85 Zip Code 33919
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, and I, the undersigned, accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE <i>Laura Marcoux-Rahilly</i> LAURA MARCOUX-RAHILLY VICE-PRES 1/30/97 Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE	

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY-ST-ZIP D DEVIN, EDWARD J 124 S.E. 12TH PLACE CAPE CORAL FL 33990	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP CEO, PRESIDENT DEVIN, EDWARD J 1520 CLERMONT DRIVE #201 NAPLES, FL 34109
TITLE NAME STREET ADDRESS CITY-ST-ZIP D MARCOUX-RAHILLY, LAURA 124 S.E. 12TH PLACE CAPE CORAL FL 33990	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	6.1 TITLE 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, duly authorized and 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: *Laura Marcoux-Rahilly* LAURA MARCOUX-RAHILLY 1/30/97 (941) 275-3252
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)