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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000102024 (2)

## **FILED** May 12 1997 8:00am Secretary of State

MUTUAL MORTGAGE & INVESTMENT, CORP.				16 m	
Principal Plac	e of Business	Mailing Address		a inmitten tim tätin stift måttt mott hyter ten	ı dalığ ildir gəriq iləli gidi ibdi
1001 NE 125TH ST STE 109 1001 NE 125TH ST STE 10 NO MIAMI FL 33161 NO MIAMI FL 33161-5828				·	
				3. Date Incorporated or Qualified 12/18/1996	3a. Date of Last Report
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0714652	Not Applicable
Suite Apt #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	38.75 Additional
22 STE		City & State	<del></del>	6. Election Campaign Financing	Fee Required \$5.00 May Be
23	134'	28			Added to Fees
Zφ	Country	Zip	Country	8. This corporation has liability for inta	ngible tax under s. 199.032,
24	25		30	Florida Statutes Y	
	9, Name and Address of Curren	t Hegistered Agent	81 Name	10. Name and Address of New Regis	tered Agent
JUDIK, FEUGI J					
NO MIAMI FL 33161			B2 Street Add	Fress (P.O. Box Number is Not Acceptable)	
110	pin till 16 00101		83		······································
			84 City		85 Zip Code
	$\sim$	_1			
11. Pursuant	to the provisions of Sections 697.050	2 and 607,1508, Florida Statutes	s, the above-named controls	poration submits this statement for the purpation's board of directors. I hereby accept the	pose of changing its registered ne appointment as registered
agent La	am familiar with, and accept the oblig	itions of Section 607.0505, Flor	ida Statutes.		10 appointment as 1-8
SIGNATURE	Signatura and or phistednamy of registered ago	int any life it applicable: (NOTE:	Registered Agent signature requ	unad whoe teleptories)	DATE
12.		D DIRECTORS ,	13,	ADDITIONS/CHANGES TO OFFICER	
Titl	PVST	PELETE	1.1 TITLE		Change Addition
NAME	JUSTIZ, PEGGY J		1.2 NAME	MINEIASTOST SIE	nv l
STREET ADDRESS	1001 NE 125TH ST STE 109		1.3 STREET ADDRESS	O NE 182 - SI OIR	
CITY - ST - ZIP	NO MIAMI FL 33161	☐ DELETE	1.4 CITY - ST - ZIP	10, Miami, FJ. 3816.	Change Addition
TIFLE	D   Justiz, Peggy J		2.1 1111.6	•	Change Addition
NAME STREET ADORESS	1001 NE 125TH ST STE 109		2.2 NAME 2.3 STREET ADDRESS		Ì
CITY-ST-ZiF	NO MIAMI FL 33161		2 4 CITY-ST-ZIP		
THE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ACORESS			3.3 STREET ADDRESS		ļ
City - S <sup>y</sup> - ZiP		Therese.	3.4. CITY-ST-ZIP		Change   1 4420'
THEF		☐ DELETE	4.5 TITLE		Change Addition
NAME STREET ADORESS			4. 2 NAME 4.3 STREET ADDRESS		
CHY+\$1+7IP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIF	, , , , , , , , , , , , , , , , , , ,		5 4 CITY+ST-ZIP		
TIFLE		☐ DELETE	61 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADORESS			6.3 STREET ADDRESS		
OffY-ST-7IP	1		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 affinal report or supplemental armus) 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:** 

OFFICER OR DIRECTOR

Daytime Phone # 0004060