

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V01719** (6)

1. Corporation Name

UNITED MORTGAGE INVESTORS, INCORPORATED



Principal Place of Business

**10661 NORTH KENDALL DRIVE
201
MIAMI FL 33176
US**

Mailing Address

**7700 N KENDALL DRIVE
200
MIAMI FL 33156
US**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**GREEN, ELIZABETH A.
7700 N. KENDALL DRIVE
SUITE 200
MIAMI FL 33156**

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 the person authorized to file this report (see instructions)

Signature of the person authorized to file this report (see instructions)

Date (MM/DD/YYYY)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (N 12)

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	☐ DELETE
PD	GREEN, ROBERT B	7700 N. KENDALL DRIVE - SUITE 200	MIAMI FL	
SD	GREEN, ELIZABETH A.	7700 N. KENDALL DRIVE, SUITE 200	MIAMI FL	☐ DELETE
EVP	STAFFORD, DEBRA K.	7700 N. KENDALL DRIVE, SUITE 200	MIAMI FL	☐ DELETE
AV	LYNCH, DIANE M	7700 N. KENDALL DRIVE, SUITE 200	MIAMI FL	☐ DELETE
				☐ DELETE
				☐ DELETE

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	☐ Change	☐ Addition
1. TITLE	1. NAME	1. STREET ADDRESS	1. CITY, ST, ZIP		
2. TITLE	2. NAME	2. STREET ADDRESS	2. CITY, ST, ZIP	☐ Change	☐ Addition
3. TITLE	3. NAME	3. STREET ADDRESS	3. CITY, ST, ZIP	☐ Change	☐ Addition
4. TITLE	4. NAME	4. STREET ADDRESS	4. CITY, ST, ZIP	☐ Change	☐ Addition
5. TITLE	5. NAME	5. STREET ADDRESS	5. CITY, ST, ZIP	☐ Change	☐ Addition
6. TITLE	6. NAME	6. STREET ADDRESS	6. CITY, ST, ZIP	☐ Change	☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information included 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:

Elizabeth A. Green, Secretary
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ELIZABETH A. GREEN, Secretary

4/5/96

(305) 670-1000

CR2E034 (12/95)