

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # **V30754** (8)

1. Corporation Name
SILVER SANDS MORTGAGE INVESTORS, INC.



Principal Place of Business: 5021 HWY 98 EAST, SUITE 300, DESTIN FL 32541, US
Mailing Address: P.O. BOX 91251, MOBILE AL 36691, US

3. Date Incorporated or Qualified: 04/23/1992
3a. Date of Last Report: 05/23/1995

2. Principal Place of Business (21): Suite, Apt. #, etc. (22):
City & State (23): Mobile, AL
Zip (24): 36691, Country (25): USA

4. FEI Number (26): 63-1065860
5. Certificate of Status Desired (27): \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution (28): \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes (29): Yes No

9. Name and Address of Current Registered Agent: CORPORATION INFORMATION SERVICES INC., 1201 HAYS ST., TALLAHASSEE FL 32301
10. Name and Address of New Registered Agent (81-84):

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: _____ (NOTE: Registered Agent signature required when re-registering) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURTON, J. ROE	1.2 NAME	
STREET ADDRESS	185 N. BELTLINE HWY	1.3 STREET ADDRESS	
CITY-ST-ZIP	MOBILE AL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARX, JULIEN E.	2.2 NAME	
STREET ADDRESS	185 N. BELTLINE HWY	2.3 STREET ADDRESS	
CITY-ST-ZIP	MOBILE AL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIXON, STEPHEN W.	3.2 NAME	
STREET ADDRESS	161 N. BELTLINE HWY	3.3 STREET ADDRESS	900001812079
CITY-ST-ZIP	MOBILE AL	3.4 CITY-ST-ZIP	-05/07/96--01158--018
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	***200.00
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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)(k), 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, only on an attachment with an address.

SIGNATURE: _____ (Signature of Stephen W. Mixon)
DIRECTOR
DATE: 4/11/96
Daytime Phone #: 334-343-7925

CR2E034 (12/95)