

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P06117 (6)
 1. Corporation Name
BMA FINANCIAL SERVICES, INC.



Principal Place of Business 1901 WEST 47TH PLACE SUITE 210 WESTWOOD KS 33142	Mailing Address 1901 WEST 47TH PLACE SUITE 210 WESTWOOD KS 33142
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3. Date Incorporated or Qualified 05/20/1985	3a. Date of Last Report 04/26/1995
4. FEI Number 43-1162691	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" 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. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25.	30.

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> DELETE
NAME	HEIDKAMP, MARGARET M.	
STREET ADDRESS	10261 N LAKE AVE	
CITY - ST - ZIP	OLATHE KS	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SODEN, STEPHEN S.	
STREET ADDRESS	5934 CHEROKEE DR	
CITY - ST - ZIP	FAIRWAY KS	
TITLE	CRM	<input type="checkbox"/> DELETE
NAME	SAYLER, J. WILLIAM, JR.	
STREET ADDRESS	7000 BELINDER	
CITY - ST - ZIP	SHAWNEE MISSION KS	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HIGLEY, DAVID L.	
STREET ADDRESS	13018 WEST 105TH TERR.	
CITY - ST - ZIP	OVERLAND PARK KS	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COLLTON, PATRICK G	
STREET ADDRESS	2513 W 118TH ST	
CITY - ST - ZIP	LEAWOOD KS	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TROUTMAN, CONAUGHT M	
STREET ADDRESS	5325 MISSION WOOD TERR	
CITY - ST - ZIP	MISSION WOODS KS	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	CHM RAKICH, ROBERT T.
3.3 STREET ADDRESS	2402 W. 70TH TERR.
3.4 CITY - ST - ZIP	MISSION HILLS, KS 66208
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	D VOORHEES, II VERNON W.
5.3 STREET ADDRESS	3816 WEST 58TH STREET
5.4 CITY - ST - ZIP	FAIRWAY, KS 66205
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 617, Florida Statutes, and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE: _____ Date: **6/18/96** Daytime Phone: **913-432-2900**

CR2E037 (3/96)