


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

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May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **330567** (9)

1. Corporation Name
MHI GROUP, INC.



Principal Place of Business 3100 CAPITAL CIRCLE N.E. TALLAHASSEE FL 32308	Mailing Address 4126 NORLAND AVENUE BURNABY, B.C. CANADA V5G3S8
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/24/1968	3a. Date of Last Report 05/10/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-1214129		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH 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 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 reinstating) 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	LOEWEN, RAYMOND L	1.2 NAME	
STREET ADDRESS	4126 NORLAND AVENUE	1.3 STREET ADDRESS	
CITY - ST - ZIP	BURNABY, B.C. CANADA V5G3S8	1.4 CITY - ST - ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, LAWRENCE	2.2 NAME	
STREET ADDRESS	3190 TREMONT AVENUE	2.3 STREET ADDRESS	
CITY - ST - ZIP	TREVOSE PA 19053	2.4 CITY - ST - ZIP	
TITLE	STD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WATSON, AM BRUCE	3.2 NAME	ST
STREET ADDRESS	800-50 EAST RIVERCENTER BLVD.	3.3 STREET ADDRESS	Timothy A. Birch
CITY - ST - ZIP	COVINGTON KY 41011	3.4 CITY - ST - ZIP	800-50 E. RiverCenter Blvd. Covington, KY 41011
TITLE	VAS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAY, PETER	4.2 NAME	
STREET ADDRESS	3190 TREMONT AVENUE	4.3 STREET ADDRESS	
CITY - ST - ZIP	TREVOSE PA 19053	4.4 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHANE, WILLIAM B	5.2 NAME	
STREET ADDRESS	3190 TREMONT AVENUE	5.3 STREET ADDRESS	
CITY - ST - ZIP	TREVOSE PA 19053	5.4 CITY - ST - ZIP	
TITLE	AS <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HYNDMAN, PETER S	6.2 NAME	D
STREET ADDRESS	4126 NORLAND AVENUE	6.3 STREET ADDRESS	
CITY - ST - ZIP	BURNABY, B.C. CANADA V5G3S8	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 supplement to 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: _____

SIGNATURE REQUIRED

4/28/97

(604) 293-6425

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0528714

CR2E034 (9/96)