

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

FILED
Apr 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/24/1968	
21	22	26	27	4. FEI Number 59-1214129	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23	24	28	29	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip	Country	Zip	Country		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City

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, typed or printed name of registered agent and title if applicable (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	ST <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOEWEN, RAYMOND L	1.2 NAME	GREGORY K. ROLLINGS
STREET ADDRESS	4126 NORLAND AVENUE	1.3 STREET ADDRESS	681 NORTH AVENUE
CITY-ST-ZIP	BURNABY, B.C. CANADA V5G3S8	1.4 CITY-ST-ZIP	JONESBORO, GA 30236
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILLER, LAWRENCE	2.2 NAME	PAUL WAIMBERG
STREET ADDRESS	3190 TREMONT AVENUE	2.3 STREET ADDRESS	3190 TREMONT AVENUE
CITY-ST-ZIP	TREVOSE PA 19053	2.4 CITY-ST-ZIP	TREVOSE, PA 19053-6693
TITLE	ST <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIRCH, TIMOTHY A	3.2 NAME	
STREET ADDRESS	800-50 E RIVERCENTER BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	COVINGTON KY	3.4 CITY-ST-ZIP	
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 checked="" 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	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HYNDMAN, PETER S	6.2 NAME	
STREET ADDRESS	4126 NORLAND AVENUE	6.3 STREET ADDRESS	
CITY-ST-ZIP	BURNABY, B.C. CANADA V5G3S8	6.4 CITY-ST-ZIP	

14. I 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 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, its 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 as an attachment with an address.

SIGNATURE: _____ Peter S. Hyndman 03/23/98 (604) 299-9321

CR2E034 (10/97)