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FILED
May 15 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 # H85190 (7)

1. Corporation Name
MHIA PREMIUM FINANCE COMPANY

Principal Place of Business 7785 66TH ST N. P.O. BOX 8080 PINELLAS PARK FL 33780 US	Mailing Address 7785 66TH ST N. P.O. BOX 8080 PINELLAS PARK FL 33780-8080 US
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3. Date Incorporated or Qualified 11/12/1985	3a. Date of Last Report 03/01/1996
4. FEI Number 59-2701288	Applied For Not Applicable
5. Certificate of Status Desired <input 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 21 7785 66th St. N. Suite, Apt. #, etc. 22 City & State 23 Pinellas Park, FL Zip 24 33781-3113	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 25 USA
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9. Name and Address of Current Registered Agent

JERGER, THOMAS J
7785 66 TH STREET NORTH
PINELLAS PARK FL 33781

10. Name and Address of New Registered Agent

81 Name Raymond M. Blackledge, General Counsel
82 Street Address (P.O. Box Number is Not Acceptable) 7785 66th Street North
83
84 City Pinellas Park
85 Zip Code FL 33781-3113

11. Pursuant to the provisions of Sections 607.0503 and 607.0508, 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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE  Raymond M. Blackledge 4-25-97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when instituting) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JERGER, DEAN W. 7949 9TH AVE SOUTH ST. PETERSBURG FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JERGER, RICHARD M., JR. 425-79TH STREET SOUTH ST PETERSBURG FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDC JERGER, THOMAS J. 10305 61ST CT NORTH PINELLAS PK FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LAKE, FRANK J. III 700 STARKEY RD #228 LARGO FL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HOLLAND, LESTER F. 7505 WILLOW COURT TAMPA FL	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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 as an attachment with an address.

SIGNATURE:  Raymond M. Blackledge 4-25-97 813-546-8911
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)