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PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Apr 29 1998 8:00am
Secretary of State

DOCUMENT # H85190 (7)
1. Corporation Name
MHIA PREMIUM FINANCE COMPANY



Principal Place of Business

Mailing Address

7785 66TH ST N.
P.O. BOX 8080
PINELLAS PARK FL 34664
US

7785 66TH ST N.
P.O. BOX 8080
PINELLAS PARK FL 34664
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BLACKLIDGE, RAYMOND M G
7785 66 TH STREET NORTH
PINELLAS PARK FL 34665

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

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 VD
NAME JERGER, DEAN W.
STREET ADDRESS 7949 9TH AVE SOUTH
CITY-ST-ZIP ST. PETERSBURG FL

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP 33707

TITLE VD
NAME JERGER, RICHARD M. J
STREET ADDRESS 7963 9TH AVE S
CITY-ST-ZIP ST PETERSBURG FL

21 TITLE
22 NAME JERGER, RICHARD M., JR.
23 STREET ADDRESS
24 CITY-ST-ZIP 33707

TITLE PDC
NAME JERGER, THOMAS J.
STREET ADDRESS 10305 61ST CT NORTH
CITY-ST-ZIP PINELLAS PK FL

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP 34666

TITLE DVST
NAME BLACKLIDGE, RAYMOND M.
STREET ADDRESS 28810 FALLING LEAVES WAY
CITY-ST-ZIP WESLEY CHAPEL FL

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP 33543-5761

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 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 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]

4/21/98

813-546-8911

CR2E034 (10/97)