

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

FILED

**May 07 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 # K22809 (3)

1. Corporation Name
MIDLAND FINANCIAL HOLDINGS, INC.



Principal Place of Business % ROBERT J. BANKS 601 CLEVELAND ST. SUITE 930 CLEARWATER FL 34615	Mailing Address % ROBERT J. BANKS 601 CLEVELAND ST. SUITE 930 CLEARWATER FL 34615-4170
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3. Date Incorporated or Qualified 05/06/1988	3a. Date of Last Report 04/29/1996
4. FEI Number 59-2892513	Applied For <input type="checkbox"/> 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 33 North Garden Avenue	26 33 North Garden Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 Suite 1200	27 Suite 1200
City & State	City & State
23 Clearwater, FL	28 Clearwater, FL
Zip	Country
24 34615	25
29 34615	30

9. Name and Address of Current Registered Agent

**BANKS, ROBERT J.
601 CLEVELAND ST
SUITE 930
CLEARWATER FL 34615**

10. Name and Address of New Registered Agent

81 Name
Banks, Robert J.

82 Street Address (P.O. Box Number is Not Acceptable)
33 North Garden Avenue, Suite 1200

83

84 **Clearwater** FL 85 **34615**

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

TITLE	DP	<input type="checkbox"/> DELETE
NAME	BANKS, ROBERT J.	
STREET ADDRESS	601 CLEVELAND ST., #930	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	MATHIS, RAY F.	
STREET ADDRESS	601 CLEVELAND ST., #930	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	GLOECKL, KEITH J.	
STREET ADDRESS	601 CLEVELAND ST., #930	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STRUDLER, ROBERT	
STREET ADDRESS	601 CLEVELAND ST., #930	
CITY-ST-ZIP	CLEARWATER FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	33 North Garden Avenue, Suite 1200
1.4 CITY-ST-ZIP	Clearwater, FL 34615
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	33 North Garden Avenue, Suite 1200
2.4 CITY-ST-ZIP	Clearwater, FL 34615
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	33 North Garden Avenue, Suite 1200
3.4 CITY-ST-ZIP	Clearwater, FL 34615
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	33 North Garden Avenue, Suite 1200
4.4 CITY-ST-ZIP	Clearwater, FL 34615
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 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.

CR2E034 (9/96)