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Apr 09 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra W. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L16830 (6)
1. Corporation Name
MORTGAGE LOAN ASSOCIATES, INC.

Principal Place of Business
8660 COLLEGE PARKWAY
SUITE 160
FT. MYERS FL 33919
US

Mailing Address
8660 COLLEGE PARKWAY
SUITE 160
FT. MYERS FL 33919-4873
US



2/B 65-0147208

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 09/19/1989	3a. Date of Last Report 05/01/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 65-0254629	Applied For WRONG #
22. City & State	27. City & State	5. Certificate of Status Desired X	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24. Country	29. Country	30. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	Yes No

9. Name and Address of Current Registered Agent DENNIS HRZENAK 8420 CHARTER CLUB CIRCLE APT 6 FT. MYERS FL 33919	10. Name and Address of New Registered Agent JUST LEAVE IT AS IS.
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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: _____ DATE: _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	TREASURER
NAME	HRZENAK, DENNIS F	1.2 NAME	DONNA S. BAILEY
STREET ADDRESS	84208 CHARTER CLUB CIRCLE	1.3 STREET ADDRESS	8660 COLLEGE PKWY # 400
CITY-ST-ZIP	FT MYERS FL	1.4 CITY-ST-ZIP	FT. MYERS, FLA. 33919
TITLE	S	2.1 TITLE	
NAME	BAILEY, D. S	2.2 NAME	
STREET ADDRESS	8660 COLLEGE PARKWAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	SECRETARY
NAME		3.2 NAME	TAMI CARR
STREET ADDRESS		3.3 STREET ADDRESS	8660 COLLEGE PKWY # 400
CITY-ST-ZIP		3.4 CITY-ST-ZIP	FT. MYERS, FLORIDA 33919
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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 the attachment with an address.

SIGNATURE: _____ DATE: 3-21-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Dennis F. Hrzenak
Daytime Phone # 941-432-1500