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Apr 25 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P37151 (8)
1. Corporation Name
METROPOLITAN MORTGAGE & SECURITIES CO., INC.



Principal Place of Business Mailing Address
WEST 929 SPRAGUE AVENUE WEST 929 SPRAGUE AVENUE
SPOKANE WA 99204 SPOKANE WA 99204

3. Date Incorporated or Qualified 02/10/1992 3a. Date of Last Report 04/19/1996
4. FEI Number 91-0609840 Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SANIDFUR, C. PAUL, JR.	
STREET ADDRESS	E. 1108 27TH AVE.	
CITY-ST-ZIP	SPOKANE WA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MARCUS, IRV	
STREET ADDRESS	S. 2212 BLAKE RD.	
CITY-ST-ZIP	SPOKANE WA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BLOHOWIAK, BRUCE	
STREET ADDRESS	W. 10011 ARROWHEAD	
CITY-ST-ZIP	SPOKANE WA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ARSENALTY, WILFRED S.	
STREET ADDRESS	S. 5219 SUNWARD DR.	
CITY-ST-ZIP	SPOKANE WA	
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	1812 W. Riverside #305
1.4 CITY-ST-ZIP	Spokane, WA 99204
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	N. 9503 Loganberry Court
3.4 CITY-ST-ZIP	Spokane, WA 99208
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Secretary/Director
5.3 STREET ADDRESS	Reuel Swanson
5.4 CITY-ST-ZIP	12116 Morton Drive
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Acting Treasurer
6.3 STREET ADDRESS	Jon McCreary
6.4 CITY-ST-ZIP	434 W. 20th Avenue
	Spokane, WA 99203

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.

SIGNATURE:

Reuel Swanson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Swanson, Secretary

4/16/97 (509) 838-3111

Date

Daytime Phone #

0628328

CR2E034 (9/96)