

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

FILED

Jan 31 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 # P39837

(0)

1. Corporation Name

CITIZENS MORTGAGE, INC.

Principal Place of Business

1550 EAST 79TH ST.
SUITE 535
BLOOMINGTON MN 55425

Mailing Address

1550 EAST 79TH ST.
SUITE 535
BLOOMINGTON MN 55425-1185

3. Date Incorporated or Qualified

07/29/1992 4-7-89

3a. Date of Last Report

03/27/1996

4. FEI Number

41-1642053

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

SAPURSTEIN, BERTRAM A.
9700 SOUTH DIXIE HWY.
SUITE 1000
MIAMI FL 33156

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	DPT	<input type="checkbox"/> DELETE
NAME	BILLINS, J. W.	
STREET ADDRESS	1550 E. 79TH ST., #535	
CITY - ST - ZIP	BLOOMINGTON MN	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	GIBBS, JAMES W., JR.	
STREET ADDRESS	1550 E. 79TH ST., #535	
CITY - ST - ZIP	BLOOMINGTON MN	
TITLE	S	<input type="checkbox"/> DELETE
NAME	KINZEL, JEANNE M	
STREET ADDRESS	521 CASE AVE.	
CITY - ST - ZIP	ST. PAUL MN	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BILLINS, TODD A	
STREET ADDRESS	17374 KODIAK AVENUE WEST	
CITY - ST - ZIP	LAKEVILLE MN	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BILLINS, KERY V	
STREET ADDRESS	3903 CANTER GLEN DR	
CITY - ST - ZIP	EAGAN MN 55123	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
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 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.

SIGNATURE:

Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jeannette Kinzel Jeannette M. Kinzel 1-6-97 612-854-4882

Date

Daytime Phone #

CR2E034 (9/96)