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

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PROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000054712

1. Corporation Name
METRIS WARRANTY SERVICES OF FLORIDA, INC.

Principal Place of Business	Mailing Address
600 SOUTH HIGHWAY 169 SUITE 1800 ST LOUIS PARK MN 55426-1222 US	600 SOUTH HIGHWAY 169 SUITE 1800 ST LOUIS PARK MN 55426-1222 US

2. Principal Place of Business — 21 — Suite, Apt. #, etc. 22 — City & State 23 — Zip 24 — Country 25

2a. Mailing Address — 26 — Suite, Apt. #, etc. 27 — City & State 28 — Zip 29 — Country 30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/20/1997**

4. FEI Number **41-1880297** [ ] 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 owes the current year Intangible Personal Property Tax [ ] Yes [X] No

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	[ ] DELETE	1 1 TITLE	[ ] Change [ ] Addition
NAME	ZEBECK, RONALD N		1 2 NAME	
STREET ADDRESS	600 SOUTH HWY 169M SUITE 1800		1 3 STREET ADDRESS	
CITY-ST-ZIP	ST LOUIS PARK MN 55426-1222		1 4 CITY-ST-ZIP	
TITLE	D	[X] DELETE	2 1 TITLE	Chief Financial Officer & Director [ ] Change [X] Addition
NAME	OBERRENDER, ROBERT W		2 2 NAME	David D. Wesselink
STREET ADDRESS	600 SOUTH HWY 169M SUITE 1800		2 3 STREET ADDRESS	600 South Hwy. 169, Suite 1800
CITY-ST-ZIP	ST LOUIS PARK MN 55426-1222		2 4 CITY-ST-ZIP	St. Louis Park, MN 55426-1222
TITLE	D	[ ] DELETE	3 1 TITLE	[ ] Change [ ] Addition
NAME	BARCLIFT, ZEANTA B		3 2 NAME	
STREET ADDRESS	600 SOUTH HWY 169M SUITE 1800		3 3 STREET ADDRESS	700002766857---2 -02/08/99--01013--005
CITY-ST-ZIP	ST LOUIS PARK MN 55426-1222		3 4 CITY-ST-ZIP	****300.00 ****300.00 150.00
TITLE		[ ] DELETE	4 1 TITLE	
NAME			4 2 NAME	
STREET ADDRESS			4 3 STREET ADDRESS	
CITY-ST-ZIP			4 4 CITY-ST-ZIP	
TITLE		[ ] DELETE	5 1 TITLE	[ ] Change [ ] Addition
NAME			5 2 NAME	
STREET ADDRESS			5 3 STREET ADDRESS	
CITY-ST-ZIP			5 4 CITY-ST-ZIP	
TITLE		[ ] DELETE	6 1 TITLE	[ ] Change [ ] Addition
NAME			6 2 NAME	
STREET ADDRESS			6 3 STREET ADDRESS	2-1-99
CITY-ST-ZIP			6 4 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, with all other like empowered.

SIGNATURE: Z. Barclift - Z. Jill Barclift 1-18-99 (612) 525-5220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)