

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 2:33

DOCUMENT # **340377** (1)
1. Corporation Name
BLAZER FINANCIAL SERVICES, INC. OF MIAMI

Principal Place of Business Mailing Address
8900 GRAND OAK CIR TAMPA FL 33637 US **8900 GRAND OAK CIR TAMPA FL 33637-1050 US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **01/20/1969** 3a. Date of Last Report **03/14/1994**
4. FEI Number **59-1229449** 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. 100.032, 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 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. 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 _____ DATE _____
Signature of holder or partner named as registered agent is the applicable (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARROLL, L V	12 NAME	
STREET ADDRESS	8900 GRAND OAK CIR	13 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	14 CITY-ST-ZIP	
TITLE	SVPD	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARE, JAMES A	22 NAME	
STREET ADDRESS	8900 GRAND OAK CIR	23 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	24 CITY-ST-ZIP	
TITLE	EVPD	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHIGLEY, HENRY F	32 NAME	
STREET ADDRESS	8900 GRAND OAK CIR	33 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	34 CITY-ST-ZIP	
TITLE	SVPS	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARNER, JAMES R	42 NAME	
STREET ADDRESS	8900 GRAND OAK CIR	43 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	44 CITY-ST-ZIP	
TITLE	VPT	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILLSMAN, JAMES R	52 NAME	
STREET ADDRESS	8900 GRAND OAK CIR	53 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	54 CITY-ST-ZIP	
TITLE	AS	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROTT, HAZEL A	62 NAME	
STREET ADDRESS	8900 GRAND OAK CIR	63 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	64 CITY-ST-ZIP	

14. I, the holder, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 110.037(3)(b), 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: *Hazel A. Brott* HAZEL A. BROTT 2/6/95 (813) 632-4500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone)