

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

FILED

**Feb 03 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 340377 (1)
1. Corporation Name
BLAZER FINANCIAL SERVICES, INC. OF MIAMI



Principal Place of Business 8900 GRAND OAK CIR TAMPA FL 33637 US	Mailing Address 8900 GRAND OAK CIR TAMPA FL 33637-1022 US
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 01/20/1969	3a. Date of Last Report 02/19/1996
21	26	4. FEI Number 59-1229449	Applied For Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 City & State	28 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Zip	25 Country	29 Zip	30 Country
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		DELETED
TITLE	PD	<input type="checkbox"/>
NAME	CARROLL, L V	
STREET ADDRESS	8900 GRAND OAK CIR	
CITY-ST-ZIP	TAMPA FL	
TITLE	SVPD	<input type="checkbox"/>
NAME	BARE, JAMES A	
STREET ADDRESS	8900 GRAND OAK CIR	
CITY-ST-ZIP	TAMPA FL	
TITLE	EVPD	<input type="checkbox"/>
NAME	SHIGLEY, HENRY F	
STREET ADDRESS	8900 GRAND OAK CIR	
CITY-ST-ZIP	TAMPA FL	
TITLE	SVPS	<input type="checkbox"/>
NAME	GARNER, JAMES R	
STREET ADDRESS	8900 GRAND OAK CIR	
CITY-ST-ZIP	TAMPA FL	
TITLE	VPT	<input type="checkbox"/>
NAME	HILLSMAN, JAMES R	
STREET ADDRESS	8900 GRAND OAK CIR	
CITY-ST-ZIP	TAMPA FL	
TITLE	AS	<input type="checkbox"/>
NAME	BROTT, HAZEL A	
STREET ADDRESS	8900 GRAND OAK CIR	
CITY-ST-ZIP	TAMPA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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: *Hazel A. Brott* HAZEL A. BROTT 1/16/97 813/632-4500
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ASST. SECY. Date Daytime Phone #

CR2E034 (9/96)