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FILED
Mar 17, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # 340377

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 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	01/20/1969
4. FEI Number	59-1229449
Applied For	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> 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	29
25	30

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

12. OFFICERS AND DIRECTORS

TITLE	EVD	<input checked="" type="checkbox"/> DELETE
NAME	EVANS, WAYNE L	
STREET ADDRESS	8900 GRAND OAK CIR	
CITY-ST-ZIP	TAMPA FL 33637	
TITLE	EVPD	<input type="checkbox"/> DELETE
NAME	SHIGLEY, HENRY F	
STREET ADDRESS	8900 GRAND OAK CIR	
CITY-ST-ZIP	TAMPA FL	
TITLE	SVPS	<input type="checkbox"/> DELETE
NAME	GARNER, JAMES R	
STREET ADDRESS	8900 GRAND OAK CIR	
CITY-ST-ZIP	TAMPA FL	
TITLE	VPT	<input checked="" type="checkbox"/> DELETE
NAME	HILLSMAN, JAMES R	
STREET ADDRESS	8900 GRAND OAK CIR	
CITY-ST-ZIP	TAMPA FL	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	BROTT, HAZEL A	
STREET ADDRESS	8900 GRAND OAK CIR	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	SVP/CMO/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	GARY E. WHITING	
13 STREET ADDRESS	8900 GRAND OAK CIRCLE	
14 CITY-ST-ZIP	TAMPA, FL 33637-1050	
21 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE	SVP/S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE	SVP/CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	DOUGLAS G. WISDORF	
43 STREET ADDRESS	8900 GRAND OAK CIRCLE	
44 CITY-ST-ZIP	TAMPA, FL 33637-1050	
51 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	BEVERLY THURSTON	
53 STREET ADDRESS	8900 GRAND OAK CIRCLE	
54 CITY-ST-ZIP	TAMPA, FL 33637-1050	
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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: Beverly Thurston BEVERLY THURSTON 2/23/99 (813)632-4500
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)