

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 290181 (7)
1. Corporation Name
NATIONAL PREMIUM BUDGET PLAN CORPORATION



Principal Place of Business: MARRIOTT HOTEL, TAMPA INT'L AIRPORT #C-5
P. O. BOX 30092
TAMPA FL 33630-0092

Mailing Address: MARRIOTT HOTEL, TAMPA INT'L AIRPORT #C-5
P. O. BOX 30092
TAMPA FL 33630-0092

3. Date Incorporated or Qualified: 02/23/1965
3a. Date of Last Report: 01/31/1995
4. FEI Number: 59-1061650
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: Yes No

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

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

9. Name and Address of Current Registered Agent

GREEN, ROBERT
T.I.A MARRIOTT, STE C-5
TAMPA FL 33630

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 restate) DATE: _____

12. OFFICERS AND DIRECTORS

1. TITLE: VPSPD
NAME: GREEN, ROBERT
STREET ADDRESS: TIA MARRIOTT, C-5
CITY, ST, ZIP: TAMPA FL

2. TITLE: SV
NAME: ENGRER, VINCENT
STREET ADDRESS: TIA MARRIOTT, C-5
CITY, ST, ZIP: TAMPA FL

3. TITLE: CD
NAME: CHINITZ, MELVIN
STREET ADDRESS: TIA MARRIOTT, C-5
CITY, ST, ZIP: TAMPA FL

4. TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY, ST, ZIP: _____

5. TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY, ST, ZIP: _____

6. TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY, ST, ZIP: _____

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1. TITLE: _____ Change Addition
2. NAME: _____
3. STREET ADDRESS: _____
4. CITY - ST - ZIP: _____

2. 1. TITLE: _____ Change Addition
2. NAME: _____
3. STREET ADDRESS: _____
4. CITY - ST - ZIP: _____

3. 1. TITLE: _____ Change Addition
3. 2. NAME: _____
3. 3. STREET ADDRESS: _____
3. 4. CITY - ST - ZIP: _____

4. 1. TITLE: _____ Change Addition
4. 2. NAME: _____
4. 3. STREET ADDRESS: _____
4. 4. CITY - ST - ZIP: _____

5. 1. TITLE: _____ Change Addition
5. 2. NAME: _____
5. 3. STREET ADDRESS: _____
5. 4. CITY - ST - ZIP: _____

6. 1. TITLE: _____ Change 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 Book 12 of the Clerk's Office, or on any attachment with an address.

SIGNATURE: *Melvin W. Chinitz* Melvin W. Chinitz, Controller 1/23/96 (810) 355-3750

CR2E034 (12/95)