

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

FILED

Jan 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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 30082, TAMPA FL 33630-0082
Mailing Address: MARRIOTT HOTEL, TAMPA INT'L AIRPORT #C-5, P. O. BOX 30082, TAMPA FL 33630-3082

3. Date Incorporated or Qualified: 02/23/1965
3a. Date of Last Report: 01/26/1996

2. Principal Place of Business
21 405 N. RFO ST
22 # 220
23 TAMPA FL
24 336-9
25
26 405 N. RFO ST
27 # 220
28 TAMPA FL
29 33609
30

4. FEI Number: 59-1061650
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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: LEONARDO J GREEN
82 Street Address (P.O. Box Number is Not Acceptable): 405 N RFO ST
83 # 220
84 City: TAMPA FL 85 Zip Code: 33609

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: *Leonardo J Green* LEONARDO J GREEN PRES. 1/23/97
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		DELETED
TITLE	VPSD	<input checked="" type="checkbox"/>
NAME	GREEN, ROBERT	
STREET ADDRESS	TIA MARRIOTT, C-5	
CITY-ST-ZIP	TAMPA FL	
TITLE	SV	<input type="checkbox"/>
NAME	ENGRER, VINCENT	
STREET ADDRESS	TIA MARRIOTT, C-5	
CITY-ST-ZIP	TAMPA FL	
TITLE	CD	<input type="checkbox"/>
NAME	CHINITZ, MELVIN	
STREET ADDRESS	TIA MARRIOTT, C-5	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	PRES/TREAS/DIR	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.2 NAME	LEONARDO J. GREEN		
1.3 STREET ADDRESS	405 N. RFO #220		
1.4 CITY-ST-ZIP	TAMPA FL 33609		
2.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS	405 N RFO #220		
2.4 CITY-ST-ZIP	TAMPA FL 33609		
3.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS	405 N RFO #220		
3.4 CITY-ST-ZIP	TAMPA FL 33609		
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: *Melvin Chinitz* MELVIN CHINITZ 1/23/97 (810) 355-3250
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E034 (9/96)