

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 # **J94153 (0)**

1. Corporation Name
FEDERATED PREMIUM FINANCE, INC.



Principal Place of Business: **8972 TAFT ST, PEMBROKE PINES FL 33024**
Mailing Address: **8972 TAFT ST, PEMBROKE PINES FL 33024**

3. Date Incorporated or Qualified: **09/21/1987**
3a. Date of Last Report: **02/14/1995**

2. Principal Place of Business: **21 735 E Oakland Blvd**
Suite, Apt. #, etc.:
City & State: **23 Ft. Lauderdale FL**
Zip: **24 33334** Country: **25 Broward**
2a. Mailing Address: **26 735 E. Oakland Blvd**
Suite, Apt. #, etc.:
City & State: **27 Ft. Lauderdale FL**
Zip: **29 33334** Country: **30 Broward**

4. FEI Number: **65-0009813**
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. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
LEONARD, PAUL A.
8972 TAFT ST
PEMBROKE PINES FL 33024

10. Name and Address of New Registered Agent
81 Name: **Ronald A. Raymond**
82 Street Address (P.O. Box Number is Not Acceptable): **733 E. Oakland Blvd**
83
84 City: **Ft. Lauderdale** FL 85 Zip Code: **33334**

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: *[Signature]* DATE: **4/29/96**

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	LEONARD, PAUL A.	
STREET ADDRESS	946 SW 102 TERRACE	
CITY - ST - ZIP	PEMBROKE PINES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LAWSON, EDWARD J.	
STREET ADDRESS	12731 NW 1 ST	
CITY - ST - ZIP	PLANTATION FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LAWSON, MICHELLE V.	
STREET ADDRESS	12731 NW 1 ST	
CITY - ST - ZIP	PLANTATION FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Raymond, Ronald A.	
13 STREET ADDRESS	1625 S E 10th Ave	
14 CITY - ST - ZIP	Ft. Lauderdale, FL 33316	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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 Block 12 or Block 13 or on an attachment with an address.

SIGNATURE: *[Signature]*, **PRESIDENT** DATE: **4/19/96** 954-524-5002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E034 (12/95)