


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

**FILED**  
**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90168 020 \*\*\*158.75

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # J94153**  
 1. Corporation Name  
**FEDERATED PREMIUM FINANCE, INC.**

Principal Place of Business P. O. BOX 5347 FORT LAUDERDALE FL 33310 US	Mailing Address P. O. BOX 5347 FORT LAUDERDALE FL 33310 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>4161 NW 5 Street</b> Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.	22 City & State 23 <b>Plantation, FL</b>	27 City & State	24 Zip 25 <b>33317</b>	28 Country 29 <b>USA</b>	30 Country
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3. Date Incorporated or Qualified <b>09/21/1987</b>	4. FEI Number <b>65-0009813</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent  
**DOYLE, PATRICK D**  
**4161 N.W. 5TH STREET**  
**PLANTATION FL 33317**

10. Name and Address of New Registered Agent

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

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	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>YOUNG, STEPHEN</b>
STREET ADDRESS	<b>2107 S ANDREWS AVE</b>
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33316</b>
TITLE	<b>SD</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>SANDLER, ROBERT A.</b>
STREET ADDRESS	<b>2107 S ANDREWS AVE</b>
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33316</b>
TITLE	<b>TD</b> <input type="checkbox"/> DELETE
NAME	<b>LAWSON, MICHELE V.</b>
STREET ADDRESS	<b>2107 S ANDREWS AVE</b>
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33316</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>LAWSON, EDWARD J.</b>
STREET ADDRESS	<b>2107 S ANDREWS AVE</b>
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33316</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>RAYMOND, RONALD A.</b>
STREET ADDRESS	<b>2107 S ANDREWS AVE</b>
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33316</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>KRAMER, BRUCE H.</b>
STREET ADDRESS	<b>2107 S ANDREWS AVE</b>
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33316</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>see Attachment</b>
1.3 STREET ADDRESS	<b>for all changes/Add.</b>
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 Patrick D. Doyle Date \_\_\_\_\_ Daytime Phone # (954) 581-9993

CR2E034 (11/98)

**FEDERATED PREMIUM FINANCE, INC.**  
**DOCUMENT #J94153**  
**ATTACHMENT**

149983-90168-20  
J94153

**ADDITIONS/CHANGES: Officers & Directors**

1. Stephen C. Young P  
4161 N.W. 5th Street  
Plantation, FL 33317
2. Patrick D. Doyle SD  
4161 N.W. 5th Street  
Plantation, FL 33317
3. Michele V. Lawson TD  
4161 N.W. 5th Street  
Plantation, FL 33317
4. Edward J. Lawson D  
4161 N.W. 5th Street  
Plantation, FL 33317
5. Ronald A. Raymond D  
4161 N.W. 5th Street  
Plantation, FL 33317
6. Carla L. Leonard D  
4161 N.W. 5th Street  
Plantation, FL 33317
7. Bruce F. Simberg D  
4161 N.W. 5th Street  
Plantation, FL 33317
8. Joseph A. Epstein D  
4161 N.W. 5th Street  
Plantation, FL 33317

**DELETIONS: Officers & Directors**

1. Robert A. Sandler SD  
2107 South Andrews Ave  
Fort Lauderdale, FL 33316
2. Bruce H. Kramer D  
2107 South Andrews Ave  
Fort Lauderdale, FL 33316