

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

FILED
May 15 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 # L46102 (4)

1. Corporation Name

~~MONARCH PREMIUM FINANCE COMPANY~~
ATLAS PREMIUM FINANCE, INC.

Principal Place of Business

1742 S. YOUNG CIRCLE
HOLLYWOOD FL 33020

Mailing Address

PO BOX 223836
HOLLYWOOD FL 33022-3836
US



3. Date Incorporated or Qualified

01/25/1990

3a. Date of Last Report

04/05/1996

4. FET Number

65-0177042

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

2. Principal Place of Business

21 3511 W. COMMERCIAL BLVD.

Suite, Apt. #, etc.

22 SUITE 100

City & State

23 FT. LAUDERDALE FL

Zip

24 33309

Country

25

2a. Mailing Address

26 3511 W. COMMERCIAL BLVD.

Suite, Apt. #, etc.

27 SUITE 100

City & State

28 FT. LAUDERDALE, FL

Zip

29 33309

Country

30

9. Name and Address of Current Registered Agent

WIKBERG, CHRISTINA
1742 S. YOUNG CIRCLE
HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent

81 Name TERENCE DONALD J.

82 Street Address (P.O. Box Number is Not Acceptable)

83 3511 W. COMMERCIAL BLVD.

SUITE 100

84 City

FT. LAUDERDALE

FL

85 Zip Code

33309

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

4/30/97

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE

NAME WIKBERG, CHRISTINA
STREET ADDRESS 888 INTERCOASTAL DR.
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P.S.D. ☐ Change ☒ Addition

1.2 NAME TERENCE, DONALD J.

1.3 STREET ADDRESS 2415 N.W. 31ST STREET

1.4 CITY-ST-ZIP BOCA RATON, FL. 33309

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 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 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

Signature, typed or printed name of registered agent and title if applicable

CR2E034 (9/96)