

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

FILED

**Apr 30 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 # L56528 (7)
1. Corporation Name
UNITED STATES PREMIUM FINANCE COMPANY



Principal Place of Business: **5854 S FLAMINGO RD COOPER CITY FL 33330**
Mailing Address: **5854 S FLAMINGO RD COOPER CITY FL 33330-3237**

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields.

3. Date Incorporated or Qualified: **03/12/1990**
3a. Date of Last Report: **01/25/1996**
4. FEI Number: **65-0176892**
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
**KALIS, NEAL R. ESQ
7320 GRIFFIN RD
SUITE 109
DAVIE FL 33314**

10. Name and Address of New Registered Agent (81-85)

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	DP	<input type="checkbox"/> DELETE
NAME	GAINES, JOANNA P	
STREET ADDRESS	5854 S FLAMINGO RD	
CITY - ST - ZIP	COOPER CITY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HEYDER, KENNETH	
STREET ADDRESS	5854 S FLAMINGO RD	
CITY - ST - ZIP	COOPER CITY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KOENIG, PAUL	
STREET ADDRESS	9000 SHERIDAN ST #130	
CITY - ST - ZIP	PEMBROKE PINES FL	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	STARK, DAVID	
STREET ADDRESS	5854 S FLAMINGO RD	
CITY - ST - ZIP	COOPER CITY 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

1.1 TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Kevin Sackett	
1.3 STREET ADDRESS	5854 S. Flamingo Road	
1.4 CITY - ST - ZIP	Cooper City, FL 33330	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 my address.

SIGNATURE: *Kevin M Sackett* VP **4/16/97** **954 434-7600**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/96)