

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

FILED

**Jan 23 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # M46224 (5)

1. Corporation Name
PRO PREMIUM FINANCE COMPANY, INC.



Principal Place of Business 5016 LINCOLN ST. HOLLYWOOD FL 33021	Mailing Address 5016 LINCOLN ST. HOLLYWOOD FL 33021
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 5012 Hollywood Blvd Suite, Apt. #, etc. 22 S-200 City & State 23 Hollywood FL Zip 24 33021	2a. Mailing Address 26 5012 Hollywood Blvd Suite, Apt. #, etc. 27 s-200 City & State 28 Hollywood FL Zip 29 33021	Country 25 USA	Country 30 USA
---	--	--------------------------	--------------------------

3. Date Incorporated or Qualified 02/06/1987
4. FEI Number 59-2782460
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent GLANTZ, MICHAEL 5016 LINCOLN STREET HOLLYWOOD FL 33021-2256

10. Name and Address of New Registered Agent 81 Name Baseman, Alan Esquire 82 Street Address (P.O. Box Number is Not Acceptable) 2435 Hollywood Blvd 83 84 City Hollywood FL 85 Zip Code 33020
--

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 607.0506, Florida Statutes.

SIGNATURE Alan Baseman *Alan Baseman* DATE 1-14-98

Signature, typed or printed name of registering agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		DELETED
TITLE	PST	<input checked="" type="checkbox"/>
NAME	GLANTZ, MICHAEL	
STREET ADDRESS	5016 LINCOLN STREET	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	VP	<input checked="" type="checkbox"/>
NAME	GLANTZ, DANIEL	
STREET ADDRESS	5016 LINCOLN STREET	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		CHANGED	ADDED
1.1 TITLE	P	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	Glantz, Daniel		
1.3 STREET ADDRESS	3700 Simms Street		
1.4 CITY-ST-ZIP	Hollywood FL 33021		
2.1 TITLE	VP	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	Glantz, Toni		
2.3 STREET ADDRESS	3700 Simms Street		
2.4 CITY-ST-ZIP	Hollywood FL 33021		
3.1 TITLE	ST	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.2 NAME	William M. Glantz, M.D.		
3.3 STREET ADDRESS	2401 SW 131 Terrace		
3.4 CITY-ST-ZIP	Davie FL 33325		
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 hereby certify that the information supplied with this filing does not qualify for the exemption state 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: Daniel Glantz *Daniel Glantz* DATE: 1/12/98 (954) 999-4520

CP2E034 (10/97)