

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

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90023 044 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M46224

1. Corporation Name
PRO PREMIUM FINANCE COMPANY, INC.

Principal Place of Business 5012 HOLLYWOOD BLVD S-200 HOLLYWOOD FL 33021 US	Mailing Address 5012 HOLLYWOOD BLVD S-200 HOLLYWOOD FL 33021 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Country 29	Zip 30

3. Date Incorporated or Qualified 02/06/1987		
4. FEI Number 59-2782460	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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 the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent

BASEMAN, ALAN E
2435 HOLLYWOOD BLVD
HOLLYWOOD FL 33020

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

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP <input type="checkbox"/> DELETE	1.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLANTZ, TONI	1.2 NAME	GLANTZ, TONI
STREET ADDRESS	3700 SIMMS ST	1.3 STREET ADDRESS	2431 SW 131 Terrace
CITY-ST-ZIP	HOLLYWOOD FL 33021	1.4 CITY-ST-ZIP	DAVIE FL 33325
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLANTZ, DANIEL	2.2 NAME	GLANTZ, DANIEL
STREET ADDRESS	3700 SIMMS ST	2.3 STREET ADDRESS	2431 SW 131 TERRACE
CITY-ST-ZIP	HOLLYWOOD FL 33021	2.4 CITY-ST-ZIP	DAVIE FL-33325
TITLE	ST <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLANTZ, WILLIAM M MD	3.2 NAME	
STREET ADDRESS	2401 SW 131 TERR	3.3 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL 33325	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM M. GLANTZ, M.D. **1/4/99** **(954) 929-4543**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)