

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morhart  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P94000045301 (6)**

1. Corporation Name  
**PACE PREMIUM FINANCE, INC.**



Principal Place of Business  
**4979 N. STATE RD. 7  
TAMARAC FL 33319**

Mailing Address  
**4979 N. STATE RD. 7  
TAMARAC FL 33319**

3. Date Incorporated or Qualified **06/16/1994** 3a. Date of Last Report **05/01/1995**

4. FEI Number **65-0511396** 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 **19605 State Road 7**  
Suite, Apt. #, etc.  
22 **Boca Greens Plaza - G**  
City & State  
23 **Boca Raton, FL**  
Zip Country  
24 **33498** 25 **USA**

2a. Mailing Address  
26 **19605 State Road 7**  
Suite, Apt. #, etc.  
27 **Boca Greens Plaza - G**  
City & State  
28 **Boca Raton, FL**  
Zip Country  
29 **33498** 30 **USA**

9. Name and Address of Current Registered Agent  
**GREENSPOON, GERALD  
100 WEST CYPRESS CREEK RD.  
SUITE 700  
FT LAUDERDALE FL 33309**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 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 607.0535, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature of person for whom name of corporation is filed (if not owner of 100% of corporation) (Name of Registered Agent Signature required when changing office)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SAMBERG, BRIAN M</b>	
STREET ADDRESS	<b>4979 N. STATE RD 7</b>	
CITY - ST - ZIP	<b>TAMARAC FL 33319</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SAMBERG, LORI T</b>	
STREET ADDRESS	<b>4979 N. STATE RD 7</b>	
CITY - ST - ZIP	<b>TAMARAC FL 33319</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Lori Twele Samberg 3/11/96 (561) 451-1550  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Lori Twele Samberg, President

CR2E034 (12/95)