

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

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90051 023 ***158.75

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P94000053936**

1. Corporation Name
STATEWIDE PREMIUM FINANCE, INC.



Principal Place of Business Mailing Address
3716 S. MILITARY TRAIL LAKE WORTH FL 33463

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/18/1994

4. FEI Number **65-0516148** 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 owes the current year intangible Personal Property Tax. Yes No

2. Principal Place of Business 2a. Mailing Address

21 **2393 S. Congress Ave** 26 **P.O. Box 5417**

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 **West Palm Bch, FL** 27

City & State City & State

23 **33406** 28 **Lake Worth, FL**

Zip Country Zip Country

24 25 29 **33406-5417** 30 **USA**

9. Name and Address of Current Registered Agent

FINKELSTEIN, MYRON H
3716 S. MILITARY TRAIL
LAKE WORTH FL 33463

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 607.0505, 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 | |
|----------------------------|---|
| TITLE | PD <input type="checkbox"/> DELETE |
| NAME | FINKELSTEIN, MYRON H |
| STREET ADDRESS | 2051 S.W. 52ND WAY |
| CITY-ST-ZIP | PLANTATION FL 33317 |
| TITLE | SD <input type="checkbox"/> DELETE |
| NAME | MURSTEIN, PAUL C |
| STREET ADDRESS | 250 PARK AVENUE, SUITE 2030 |
| CITY-ST-ZIP | NEW YORK NY 10017 |
| TITLE | CD <input type="checkbox"/> DELETE |
| NAME | SEAMAN, CARL |
| STREET ADDRESS | 250 PARK AVENUE, SUITE 2030 |
| CITY-ST-ZIP | NEW YORK NY 10017 |
| TITLE | TV <input type="checkbox"/> DELETE |
| NAME | BLAKE, JAMES W |
| STREET ADDRESS | 2358 SUNDERLAND AVENUE |
| CITY-ST-ZIP | WELLINGTON FL 33414 |
| TITLE | V <input type="checkbox"/> DELETE |
| NAME | PRENDAMANO, JOSEPH G |
| STREET ADDRESS | 718 JUNIPER PLACE |
| CITY-ST-ZIP | WELLINGTON FL 33416 |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|--|
| 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | 10451 W Broward Blvd, Bldg 2 Apt 109 |
| 1.4 CITY-ST-ZIP | Plantation, FL 33324 |
| 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 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, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** Date: **1/5/99** (561) 568-9102 Daytime Phone #

1/24/99 / CR2E034 (11/98)