


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 8:00 am
Secretary of State

01-23-2004 90014 002 ***158.75

DOCUMENT # P94000053936

1. Entity Name
STATEWIDE PREMIUM FINANCE, INC.



Principal Place of Business
**2393 S CONGRESS AVE
 WEST PALM BEACH, FL 33406**

Mailing Address
**PO BOX 5417
 LAKE WORTH, FL 33466-5417 US**

24003400



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01162004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent

**FINKELSTEIN, MYRON H
 3710 S. MILITARY TRAIL
 2393 S. CONGRESS AVE
 WEST PALM BEACH, FL 33406**

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable)
2393 S. Congress Ave

City **West Palm Beach FL** Zip Code **33406**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FINKELSTEIN, MYRON H			NAME			
STREET ADDRESS	7305 CORKWOOD CIR			STREET ADDRESS	10391 stonebridge Blvd		
CITY-ST-ZIP	TAMARAC, FL 33327			CITY-ST-ZIP	Boca Raton, FL 33498		
TITLE	SD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MURSTEIN, PAUL C			NAME			
STREET ADDRESS	250 PARK AVENUE, SUITE 2030			STREET ADDRESS			
CITY-ST-ZIP	NEW YORK, NY 10017			CITY-ST-ZIP			
TITLE	CD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SEAMAN, CARL			NAME			
STREET ADDRESS	250 PARK AVENUE, SUITE 2030			STREET ADDRESS			
CITY-ST-ZIP	NEW YORK, NY 10017			CITY-ST-ZIP			
TITLE	TV	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BLAKE, JAMES W			NAME			
STREET ADDRESS	2358 SUNDERLAND AVENUE			STREET ADDRESS			
CITY-ST-ZIP	WELLINGTON, FL 33414			CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PRENDAMANO, JOSEPH G			NAME			
STREET ADDRESS	313 LAKE CIRCLE #316			STREET ADDRESS			
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Myron H. Finkelstein* 1/16/04 561-968-9102
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #