

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 19 AM 9:00

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

3. Date Incorporated or Qualified

02/06/1987

3a. Date of Last Report

01/25/1994

4. FEI Number

59-2782460

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

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

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

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

Signature, typed or printed name of registered agent and title of agent (if applicable)

(If Applicable) Registered Agent signature required when substituting

(Date)

12. OFFICERS AND DIRECTORS

TITLE	PST
NAME	GLANTZ, MICHAEL
STREET ADDRESS	5016 LINCOLN STREET
CITY - ST - ZIP	HOLLYWOOD FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information furnished with this report is accurately furnished and does not qualify for the exemptions stated in Section 191.021(6)(b), Florida Statutes. I further certify that the information included on this report, including the annual report is true and accurate and that my signature also has the same legal effect as if made under oath; that I am an officer or director of the corporation; and that I am authorized or trustee empowered to execute this report as required by Chapter 191, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report, as applicable, with my address.

SIGNATURE:

Michael Glantz, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/09/95

(305) 929-4530