

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

PROFIT
CORPORATION
ANNUAL REPORT



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

19961-2696 B- 872-C

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**

2. Principal Place of Business

2a. Mailing Address

State, Apt. #, etc.

State, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

g. Name and Address of Current Registered Agent

**GLANTZ, MICHAEL
5016 LINCOLN STREET
HOLLYWOOD FL 33021-2256**

3. Date Incorporated or Qualified

02/06/1987

3a. Date of Last Report

01/18/1995

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 **XX** Yes ☐ No

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 607.0532 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 607.0532, Florida Statutes.

SIGNATURE

(Type and Print Name of Registered Agent in Block 12 or 13)

(Type and Print Name of Registered Agent in Block 12 or 13)

(Date)

12. OFFICERS AND DIRECTORS

1. TITLE	PST	☐ DELETE
2. NAME	GLANTZ, MICHAEL	
3. STREET ADDRESS	5016 LINCOLN STREET	
4. CITY-STATE-ZIP	HOLLYWOOD FL	
5. TITLE		☐ DELETE
6. NAME		
7. STREET ADDRESS		
8. CITY-STATE-ZIP		
9. TITLE		☐ DELETE
10. NAME		
11. STREET ADDRESS		
12. CITY-STATE-ZIP		
13. TITLE		☐ DELETE
14. NAME		
15. STREET ADDRESS		
16. CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	VP	☐ Change ☒ Addition
2. NAME	Glantz, Daniel	
3. STREET ADDRESS	5016 Lincoln Street	
4. CITY-STATE-ZIP	Hollywood, FL 33021	
5. TITLE		☐ Change ☐ Addition
6. NAME		
7. STREET ADDRESS		
8. CITY-STATE-ZIP		
9. TITLE		☐ Change ☐ Addition
10. NAME		
11. STREET ADDRESS		
12. CITY-STATE-ZIP		
13. TITLE		☐ Change ☐ Addition
14. NAME		
15. STREET ADDRESS		
16. CITY-STATE-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 any address.

SIGNATURE: **Michael Glantz**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/96

Date

(954) 989-7170

Daytime Phone #

CR2E034 (12/95)