FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997

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

FILED
May 15 1997 8:00am
Secretary of State

DOCUMENT # **L46102**   (4)

1. Corporation Name

~~MONARCH PREMIUM FINANCE COMPANY~~
ATLAS PREMIUM FINANCE, INC.

Principal Place of Business	Mailing Address
1742 S. YOUNG CIRCLE HOLLYWOOD FL 33020	PO BOX 223836 HOLLYWOOD FL 33022-3836 US

3. Date Incorporated or Qualified	3a. Date of Last Report
01/25/1990	04/05/1996

2. Principal Place of Business	2a. Mailing Address
21 *3511 W. COMMERCIAL BLVD*	26 *3511 W. COMMERCIAL BLVD.*
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 *SUITE 100*	27 *SUITE 100*
City & State	City & State
23 *FT. LAUDERDALE FL*	28 *FT. LAUDERDALE, FL*
Zip	24 *33309*	25 Country	Zip	29 *33309*	30 Country

4. FEI Number   65-0177042 | 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

9. Name and Address of Current Registered Agent

WIKBERG, CHRISTINA
1742 S. YOUNG CIRCLE
HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent

81 Name *TARRENCE DONALD J.*
82 Street Address (P.O. Box Number is Not Acceptable) *3511 W. COMMERCIAL BLVD.*
83
84 City *FT. LAUDERDALE*   FL   85 Zip Code *33309*

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 *Donald J. Tarrence President*   *4/30/97*
Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE **D**	☑ DELETE	1.1 TITLE *P, S, D.*	☐ Change ☑ Addition
NAME **WIKBERG, CHRISTINA**		1.2 NAME *TARRENCE, DONALD J*	
STREET ADDRESS **888 INTERCOASTAL DR.**		1.3 STREET ADDRESS *2415 N.W. 61ST STREET*	
CITY-ST-ZIP **FT. LAUDERDALE FL**		1.4 CITY-ST-ZIP *BOCA RATON, FL. 33309*	
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do 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.

SIGNATURE: *Donald Tarrence*   *DONALD J. TARRENCE*   *(P,S,T)*