

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

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90023 044 ***158.75

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # M46224

1. Corporation Name

PRO PREMIUM FINANCE COMPANY, INC.

Principal Place of Business

5012 HOLLYWOOD BLVD
S-200
HOLLYWOOD FL 33021
US

Mailing Address

5012 HOLLYWOOD BLVD
S-200
HOLLYWOOD FL 33021
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/06/1987

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 owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

BASEMAN, ALAN E
2435 HOLLYWOOD BLVD
HOLLYWOOD FL 33020

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE VP
NAME GLANTZ, TONI
STREET ADDRESS 3700 SIMMS ST
CITY-ST-ZIP HOLLYWOOD FL 33021

TITLE P
NAME GLANTZ, DANIEL
STREET ADDRESS 3700 SIMMS ST
CITY-ST-ZIP HOLLYWOOD FL 33021

TITLE ST
NAME GLANTZ, WILLIAM M MD
STREET ADDRESS 2401 SW 131 TERR
CITY-ST-ZIP DAVIE FL 33325

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

☒ Change

☐ Addition

1.1 TITLE VP
1.2 NAME GLANTZ, TONI
1.3 STREET ADDRESS 2431 SW 131 Terrace
1.4 CITY-ST-ZIP DAVIE FL 33325

2.1 TITLE P
2.2 NAME GLANTZ, DANIEL
2.3 STREET ADDRESS 2431 SW 131 TERRACE
2.4 CITY-ST-ZIP DAVIE FL 33325

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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, with an attachment with an address, with an other like empowered.

SIGNATURE: WILLIAM M. GLANTZ, M.D.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/99
Date

(954) 929-4543
Daytime Phone #

CR2E034 (11/98)