SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT 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 JUN 15 PM 10:26

DOCUMENT # **719209** **(9)**

1. Corporation Name
FLORIDA PREMIUM FINANCE ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1264 TIMBERLANE ROAD P.O. BOX 3066 TALLAHASSEE FL 32312-1710	3915 BISCAYNE BLVD 4TH FL MIAMI FL 33137 US

3. Date Incorporated or Qualified: 08/28/1970
3a. Date of Last Report: 05/01/1994
4. FEI Number: 71-0209470 — 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status XX — FILING FEE IS $61.25
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. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26: P.O.Box 680340
Suite, Apt. #, etc. — 27:
City & State — 28: N.Miami, Fl.33168-0340
Zip — 29: Country — 30:

9. Name and Address of Current Registered Agent
ESPIN ROBERTO JR
3915 BISCAYNE BLVD
4TH FL
MAIMI FL 33137

10. Name and Address of New Registered Agent
81 Name: Barbara Gockenbach, Pres. & Director
82 Street Address (P.O. Box Number is Not Acceptable): 12501 N.W. 7th. Avenue
83: N. Miami, Fl.33168
84 City: N.Miami, Fl. FL — 85 Zip Code: 33168

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: [signature] — Treas — DATE: 10/12/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	Delete — XX Change ☐ Addition
NAME	ESPIN, ROBERTO J	12 NAME	
STREET ADDRESS	3915 BISCAYNE BLVD	13 STREET ADDRESS	
CITY · ST · ZIP	MIAMI FL	14 CITY · ST · ZIP	
TITLE	SD	21 TITLE	☐ Change ☐ Addition
NAME	ORTIZ, SANDRA	22 NAME	
STREET ADDRESS	3915 BISCAYNE BLVD	23 STREET ADDRESS	Delete
CITY · ST · ZIP	MIAMI FL	24 CITY · ST · ZIP	
TITLE	VD	31 TITLE	☐ Change ☐ Addition
NAME	SWEAT, ROBERT J J	32 NAME	Delete
STREET ADDRESS	3522 THOMASVILLE RD #400	33 STREET ADDRESS	
CITY · ST · ZIP	TALLAHASSEE, FL 00000	34 CITY · ST · ZIP	
TITLE	Howard Davis, Pres. Director	41 TITLE	☐ Change ☐ Addition
NAME	360 Central AVenue	42 NAME	
STREET ADDRESS	St. Petersburg, Fl.33701	43 STREET ADDRESS	
CITY · ST · ZIP		44 CITY · ST · ZIP	
TITLE	Treasurer	51 TITLE	☐ Change ☐ Addition
NAME	Barbara Gockebnach	52 NAME	
STREET ADDRESS	12501 N.W. 7th. Ave.	53 STREET ADDRESS	
CITY · ST · ZIP	N. Miami, Fl.33168	54 CITY · ST · ZIP	
TITLE	Secretary-VP	61 TITLE	☐ Change ☐ Addition
NAME	Brooksie Peeples	62 NAME	
STREET ADDRESS	P.O.Box 63-8639	63 STREET ADDRESS	
CITY · ST · ZIP	Margate, Fl. 33063-8639	64 CITY · ST · ZIP	

14. I do hereby certify that the information supplied with this filing, and 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 the report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 above, or on an attached sheet with an address.

SIGNATURE: [signature] — Treas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 6/12/95 — Daytime Phone #: 305-681-7401

CR2E037 (3/95)

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