## FILE NOW: FILING FEE IS \$61.25

FILED NONPROFIT Apr 15 1998 8:00am ELORIDA DEPARTMENT DE STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 **DIVISION OF CORPORATIONS** POCUMENT # FLORIDA PREMIUM FINANCE ASSOCIATION. INC. Principal Place of Business Mailing Address 1264 TIMBERLANE ROAD P.O. BOX 680340 3. Date Incorporated or Qualified P.O. BOX 3066 08/28/1970 TALLAHASSEE FL 32312-1710 N. MIAMI FL 33168-0340 4. FEI Number Applied For US 59-1323115 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 21 26 Fee Required Sulte, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be 22 27 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a 28 Country Country 6. This corporation owes or has pald the cur 30 Personal Property Tax due June 30. 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name GOCKENBACK, BARBARA 82 Street Address (P.O. Box Number is Not Acceptable) 12501 N.W. 7TH AVE. 83 4TH FL N. MIAMI FL 33168 84 City Zip Code 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS TITLE DELETE 1.1 TITLE Change NAME GÖCKENBACH, BARBARA 1.2 NAME STREET ADDRESS 12501 NW 7TH AVE 1.3 STREET ADDRESS MIAMI FL CITY-ST-7IP 1.4 CITY-ST-ZIP DELETE SVPD 2.1 TITLE Change Addition PEEPLES, BROOKISIE 2.2 NAME STREET ADDRESS 5750 MARGATE BLVD. STE 201 2.3 STREET ADDRESS MARGATE FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE 3.1 TITLE Addition TITLE ERWIN, BILL J 3.2 NAME NAME 701 SISK ST. STE 350 3.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP 3.4. CITY-ST-ZIP

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 of the receiver or truspee empourered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in

4.1 TITLE

4. 2 NAME

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

**6.3 STREET ADDRESS** 

DELETE

DELETE

DELETE

SIGNATURE:

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

CITY-ST-ZIP

Change

Change

Change

Addition

Addition

■ Addition