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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED May 15 1998 8:00am Secretary of State

DOCUMENT # 817696 1. Corporation Name NEWCOURT PREMIUM FINANCE, IN	(8) IC.			
Principal Place of Business 22917 PACIFIC COAST HWY	Mailing Address * ANTHEM PREMIUM FINAL	VCE	- 1 100 (B) (31.30 3 (B)) (100 (B)) (1) \$ 10 (10 G) (1) \$ 10 (10 G)	II WIBH BIB II BIBH BIWH UIWH INGH
STE 200	22917 PACIFIC COAST HWY #200			
MALIBU CA 80285	MALIBU CA 90265 US		DO NOT WRITE IN T	HIS SPACE
1 08	Uõ		3. Date Incorporated or Qualified	
2. Principal Place of Business	2a, Mailing Address		02/12/1964 4. FEI Number	A - the state of
hand ''	26 Newcourt -303	B Was Dag T	1 37	Applied For Not Applicable
Sulte, Apt. #, etc	Suite, Apt. #, etc.	S 12. MUSCOSI D	34 0800083	\$8.75 Additional
22	<u></u>	: C. KWTZW	5. Certificate of Status Desired	Fee Regulred
City & State	City & State	· 0 · 1404 · 240	6. Election Campaign Financing	\$5.00 May Be
23	28 Chicago	, ILLINOIS	Trust Fund Contribution	
Zip Country	7 ₁ p	Country	8. This corporation owes or has paid th	e current year Intangible
24 25	29 6060) 30	NSA	Personal Property Tax due June 30.	Yes No
9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Register	ered Agent
ROCCO, ALFONSE E				
601 & LAKE DESTINY RD		82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
SUITE 405 MAITLAND FL 32751				
		83		
		84 City		FL B5 Zip Code
11. Pursuant to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the above-named corpo		
Pursuant to the provisions of Sections 607.0502 in office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligate.	Flonda, Such change was auti ons of, Section 607,0505, Floric	norized by the corporational factorial and the statutes.	on's board of directors. I heroby accept the	appointment as registered
SIGNATURE	on hole of parity when AMOLE B	egistered Agent signature require	d when rejectiving)	ATE .
12. OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE SVID	DELETE	1.1 TITLE		Change Addition
NAME JAUERNIG, DANIEL		1.2 NAME		
STREET ADDRESS 48 LAWRENCE CR.		1.3 STREET ADDRESS		{
CITY-ST-ZIP TORONTO ON		1,4 CITY - ST - ZIP		
TITLE CFO	DELETE	2.1 TITLE		Change Addition
NAME RODAS, ALFRED O		2 2 NAME		
STREET ADDRESS 22917 PACIFIC COAST HWY, S	SUITE #200	2.3 STREET ADDRESS		
CITY-ST-ZIP MALIBU CA 90265		2.4 CITY - ST - ZIP		
THE ASSISTANT SECRETA	R V DELETE	3.1 TITLE		Change Addition
NAME SCOTT HERBST	أناند فقد مودورهم ووورو	3.2 NAME		
STREET ADDRESS CIO NEWCOURT III	A .	3.3 STREET ADDRESS		
CITY-ST-ZIP INDIANAPOLIS	IN 46204	3.4. CITY-ST-ZIF		
TITLE	☐ DELETE	4.1 TITLE		L_ Change L_ Addition
NAME		4. 2 NAME		
STREET AODRESS		4.3 STREET ADDRESS		
CITY-ST-2IP	T SCIETY	4.4 City-St-ziP		
TITLE	☐ DELETE	51 TITLE		Change Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP	DELETE	5.4 CITY - ST - ZIP		Change Addition
	LA DELLE	6.1 TITLE		C Cusuffs C VOOLOOD
NAME PERCET ADDRESS		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
14. Thereby certify that the information supplied with	this filing does not qualify for the	6.4 CITY-ST-ZIP he exemption stated in S	Section 119.07(3)(i), Florida Statutes, I furth	er certify that the information

Indicated on this annual report or supplemental annual report is true and heat 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 a pulltachment with an address.