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PROFIT CORPORATION ANNUAL REPORT 1995

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

FILED
95 JUL 25 AM 10:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93000003114 (6)

1. Corporation Name

AMERICAN PREMIUM FINANCE COMPANY, WPB

Principal Place of Business	Mailing Address
13380 POLO RD W A-105 HURLINGHAM W PALM BCH FL 33414 US	13380 POLO RD W A-105 HURLINGHAM W PALM BEACH FL 33414 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/25/1993
3a. Date of Last Report: 04/19/1994
4. FEI Number: 38-2477106 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FLORIDA INSURANCE COMMISSIONER THE CAPITOL TALLAHASSEE FL 32399-0300	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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1 1 TITLE	☐ Change ☐ Addition
NAME	SIEGEL, BERNARD	1 2 NAME	
STREET ADDRESS	16633 LIVERROSS	1 3 STREET ADDRESS	
CITY ST ZIP	DETROIT MI 48221	1 4 CITY ST ZIP	
TITLE	P	2 1 TITLE	☐ Change ☐ Addition
NAME	SIEGEL, RON	2 2 NAME	
STREET ADDRESS	10301 RUSHTON RD	2 3 STREET ADDRESS	
CITY ST ZIP	SOUTH LYON MI 48178	2 4 CITY ST ZIP	
TITLE	V	3 1 TITLE	☐ Change ☐ Addition
NAME	MCCLAIN, MICHAEL	3 2 NAME	
STREET ADDRESS	6905 ADARIDGE SE	3 3 STREET ADDRESS	
CITY ST ZIP	ADA MI 49301	3 4 CITY ST ZIP	
TITLE	S	4 1 TITLE	☐ Change ☐ Addition
NAME	SIEGEL, BRIAN	4 2 NAME	
STREET ADDRESS	27184 GATEWAY DR S	4 3 STREET ADDRESS	
CITY ST ZIP	FARMINGTON HILLS MI 48334	4 4 CITY ST ZIP	
TITLE	T	5 1 TITLE	☒ Change ☐ Addition
NAME	SIEGEL, ROGER	5 2 NAME	
STREET ADDRESS	16633 LIVERROSS	5 3 STREET ADDRESS	16633 Livernois
CITY ST ZIP	DETROIT MI 48221	5 4 CITY ST ZIP	
TITLE		6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY ST ZIP		6 4 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is 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 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: Ronald K. Siegel RONALD K. SIEGEL 7/18/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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