

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F93000003114 (6)

1. Corporation Name

AMERICAN PREMIUM FINANCE COMPANY, WPB



Principal Place of Business

13380 POLO RD W
A-105 HURLINGHAM
W PALM BCH FL 33414
US

Mailing Address

13380 POLO RD W
A-105 HURLINGHAM
W PALM BEACH FL 33414
US

3. Date Incorporated or Qualified
06/25/1993

3a. Date of Last Report
07/25/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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

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

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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 the filer

IN the Registered Agent signature required when not filing

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ~~D~~ ☒ DELETE
NAME SIEGEL, BERNARD
STREET ADDRESS 16633 LIVERROSS
CITY-ST-ZIP DETROIT MI 48221

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ~~P~~ ☐ DELETE
NAME SIEGEL, RON
STREET ADDRESS 10301 RUSHTON RD
CITY-ST-ZIP SOUTH LYON MI 48178

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ~~V~~ ☒ DELETE
NAME MCCLAIN, MICHAEL
STREET ADDRESS 6905 ADARIDGE SE
CITY-ST-ZIP ADA MI 49301

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

TITLE ~~S~~ ☐ DELETE
NAME SIEGEL, BRIAN
STREET ADDRESS 27184 GATEWAY DR S
CITY-ST-ZIP FARMINGTON HILLS MI 48334

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

TITLE ~~T~~ ☐ DELETE
NAME SIEGEL, ROGER
STREET ADDRESS 16633 LIVERNOIS
CITY-ST-ZIP DETROIT MI

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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: Ron Siegel

Date

Day/Year/Phone #

CR2E034 (12/95)