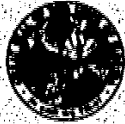


**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 APR 26 AM 7:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **F96259** (9)

1. Corporation Name  
**PROGRAM UNDERWRITERS FINANCING, INC.**

Principal Place of Business: **3383 WEST COMMERCIAL BLVD. FT. LAUDERDALE FL 33309-3428**  
Mailing Address: **3700 COCONUT CREEK PKWY COCONUT CREEK FL 33088-1616 US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **08/20/1982** 3a. Date of Last Report: **05/01/1994**  
4. FEI Number: **58-2236369** 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: **3700 Coconut Creek Parkway** 2a. Mailing Address: **3700 Coconut Creek Parkway**  
21. Suite, Apt. #, etc.: **Creek Parkway** 26. Suite, Apt. #, etc.:  
22. City & State: **Coconut Creek, FL** 27. City & State:  
24. Zip: **33066-1616** 25. Country: **US** 29. Zip: 30. Country:

9. Name and Address of Current Registered Agent  
**BUTO, LAWRENCE J  
3383 WEST COMMERCIAL BLVD.  
FT. LAUDERDALE FL 33321**

10. Name and Address of New Registered Agent  
81. Name: **Buto, Lawrence J.**  
82. Street Address (P.O. Box Number is Not Acceptable): **3700 Coconut Creek Parkway**  
83. City: **Coconut Creek** FL 85. Zip Code: **33066-1616**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>DP</b>
NAME	<b>BUTO, LAWRENCE J</b>
STREET ADDRESS	<b>4200 NW 101 DRIVE</b>
CITY - ST - ZIP	<b>CORAL SPRINGS, FL 00000</b>
TITLE	<b>SDT</b>
NAME	<b>BUTO, FRANCES T</b>
STREET ADDRESS	<b>4200 NW 101 DRIVE</b>
CITY - ST - ZIP	<b>CORAL SPRINGS, FL 00000</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	<b>zip = 33065</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	<b>zip = 33065</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(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 trustee or trustee empowered to execute the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Frances T. Buto** 11-30-95 305-978-9880  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date (None #)