

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Motham
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

3363 WEST COMMERCIAL BLVD.
FT. LAUDERDALE FL 33309-3423

Mailing Address

3700 COCONUT CREEK PKWY
COCONUT CREEK FL 33065-1616
US

2. Principal Place of Business
3700 Coconut Creek Parkway

Suite, Apt. #, etc.

21

2a. Mailing Address

26

Suite, Apt. #, etc.

22

City & State

Coconut Creek, FL

23

Zip

24

County

25

Zip

26

Country

27

28

29

30

3. Date Incorporated or Qualified
08/20/1982

4. FEI Number
50-2236369

5. Date of Last Report
05/01/1994

6. Applied For
Not Applicable

7. Certificate of Status Desired
 \$8.75 Additional Fee Required

8. Election Campaign Financing
Trust Fund Contribution
 \$5.00 May Be Added to Fees

9. This corporation has liability for intangible tax under S. 199.032, Florida Statutes
 Yes No

DO NOT WRITE IN THIS SPACE.

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.

84. City **Coconut Creek** FL Zip Code **33065-1616**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when remitting)

DATE

12. OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BUTO, LAWRENCE J	1.2 NAME		
STREET ADDRESS	4200 NW 101 DRIVE	1.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS, FL 00000	1.4 CITY-ST-ZIP		
TITLE	SDT	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BUTO, FRANCES T	2.2 NAME		
STREET ADDRESS	4200 NW 101 DRIVE	2.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS, FL 00000	2.4 CITY-ST-ZIP		
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 monitor, or that I am 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: *Frances T. Buto*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14-10-95 305-978-9882
Date Daytime Phone #

0110020