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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

May 02 1997 8:00am

Secretary of State

OCUMENT # F96259

(9)

PROGRAM UNDERWRITERS FINANCING, INC.

·	an ondenminend i man	ionta, into	** **		I NORMAN HIN TAHUN AHAN ARANG ARANG ARANG ARANG AHAN AHAN ARANG ARANG ARANG AHAN ANAN
Principal Plac	e of Business	Mailing Address			
8700 COCONUT CREEK PARKWAY COCONUT CREEK FL 33086-1616 US		3700 COCONUT CREEK F COCONUT CREEK FL 330 US			
			•		3. Date Incorporated or Qualified 3a. Date of Last Report 08/20/1982 04/17/1996
2. Principal Place of Business		2a. Mailing Address			4. FEI Number Applied For
21		26			59-2236369 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired See Required
City & State		City & State			
23		28			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip	Countr	у	This corporation has liability for intangible tax under s. 199.032.
24	25	29	30		Florida Statutes Yes No
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Registered Agent
	O, LAWRENCE J		. 81	Name	
	D COCONUT CREEK PARKWAY CONUT CREEK FL 33066	•	82	Street A	Address (P.O. Box Number is Not Acceptable)
			83	3	
1			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 ag-			pent signature i	required when reinstating) DATE
12. TITLE	OFFICERS AN	ID DIRECTORS	13.	······	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME	BUTO, LAWRENCE J	T brrut	1.4 THILE 1.2 NAME		Change Addition
STREET ADDRESS	4200 NW 101 DRIVE			T ADDRESS	
*CITY-ST-ZIP	CORAL SPRINGS, FL 00000		1.4 CITY-	ì	
TITLE	SDT	DELETE	2.1 TITLE	31-21	Change Addition
NAME	BUTO, FRANCES T		2.2 NAME		— · —
STREET ADDRESS	4200 NW 101 DRIVE		2.8 STREE	I ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS, FL 00000		2.4 CITY - ST - ZIP		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3 & STHEE	1 ADDRESS	
CITY-ST-ZIP		Dentit	3 4. CITY-	\$1 - 2 iP	
, TITLE NAME		∐ DELETE	4) 1111.E		Change Addition
STREET ADDRESS	22480		4 .2 NAME		
CITY-ST-ZIP				I ADDRESS	
TITLE		DELETE	4.4 City- 5.1 Title	31 - £II"	Change Addition
NAME	<u> </u>		5.8 NAME	İ	La stange La riduigiti
STREET ADDRESS		•		T ADDRESS	
CITY-ST-ZIP			5.≰ CI1Y-		
TITLE		DELETE	61 HILE		Change Addition
Name			6.8 NAME		
STREET ADDRESS			6.3 STREE	1 ADDRESS	
0.0014 00 010					

14. I do hereby certify that the information symplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 prianged, or on an attachment with an address.