

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

**FILED**  
**May 15 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F96259 (9)**  
 1. Corporation Name  
**PROGRAM UNDERWRITERS FINANCING, INC.**



Principal Place of Business <b>3700 COCONUT CREEK PARKWAY                  COCONUT CREEK FL 33066-1616                  US</b>	Mailing Address <b>3700 COCONUT CREEK PKWY                  COCONUT CREEK FL 33066-1618                  US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date incorporated or Qualified <b>08/20/1982</b>	4. FEI Number <b>59-2236369</b>	Applied For <input type="checkbox"/> Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
23 Zip	28 Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		
24 Zip	25 Country	29 Zip	30 Country	

**g. Name and Address of Current Registered Agent**  
**BUTO, LAWRENCE J**  
**3700 COCONUT CREEK PARKWAY**  
**COCONUT CREEK FL 33088**

**10. Name and Address of New Registered Agent**

81 Name <b>ZISSELMAN, ARNOLD</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>3700 Coconut Creek Parkway</b>
83
84 City <b>Coconut Creek</b>
85 Zip Code <b>FL 33066</b>

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 *Arnold Zisselman* **4/23/98**  
 Signature of current or proposed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**12. OFFICERS AND DIRECTORS**

TITLE <b>DP</b>	<input checked="" type="checkbox"/> DELETE
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>	<input type="checkbox"/> DELETE
NAME <b>BUTO, FRANCES T</b>	
STREET ADDRESS <b>4200 NW 101 DRIVE</b>	
CITY-ST-ZIP <b>CORAL SPRINGS, FL 00000</b>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE <b>P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME <b>BUTO, DONNA M.</b>	
1.3 STREET ADDRESS <b>4200 N.W. 101 Drive</b>	
1.4 CITY-ST-ZIP <b>CORAL SPRINGS, FL 33065</b>	
2.1 TITLE <b>2ST</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP <b>33065</b>	
3.1 TITLE <b>VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME <b>BUTO, STEPHEN</b>	
3.3 STREET ADDRESS <b>11184 LAKE VIEW DRIVE</b>	
3.4 CITY-ST-ZIP <b>CORAL SPRINGS, FL 33071</b>	
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 hereby certify that the information supplied 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 of this report, or on an attachment with an address.

SIGNATURE *Donna M Buto* **Donna M Buto (4-4) 408-9088**

CP2E034 (10/97)