


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

FILED
May 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # F97000006635 (3) 1. Corporation Name TBS PREMIUM FINANCE CORPORATION		



Principal Place of Business 40 WESTMINSTER STREET PROVIDENCE RI 02903	Mailing Address PO BOX 6687 PROVIDENCE RI 02940-6687
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/16/1997	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 06-1491989	Applied For Not Applicable
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	Country	28 Zip	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	25	29	30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525		10. Name and Address of New Registered Agent	
		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		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 agent, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGOWAN, DONNA M	1.2 NAME	
STREET ADDRESS	40 WESTMINSTER STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	PROVIDENCE RI 02903	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUTERA, ANGELO M	2.2 NAME	
STREET ADDRESS	40 WESTMINSTER STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	PROVIDENCE RI 02903	2.4 CITY-ST-ZIP	
TITLE	AV	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOULEY, CHRISTOPHER J	3.2 NAME	
STREET ADDRESS	40 WESTMINSTER STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	PROVIDENCE RI 02903	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MERICAN, LINDA S	4.2 NAME	
STREET ADDRESS	40 WESTMINSTER STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	PROVIDENCE RI 02903	4.4 CITY-ST-ZIP	
TITLE	AS	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, TANJA N	5.2 NAME	
STREET ADDRESS	40 WESTMINSTER STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	PROVIDENCE RI 02903	5.4 CITY-ST-ZIP	
TITLE	AS	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIBSON, HEIDI	6.2 NAME	
STREET ADDRESS	40 WESTMINSTER STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	PROVIDENCE RI 02903	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 if changed, or on an attachment with an address.

CR2E034 (10/97)