Applied For Not Applicable

05-10-1999 90104 036 \*\*\*150.00

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

PROFIT **CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # G27438**

1. Corporation Name

SUN PREMIUM FINANCE, INC.									
Principal Place of Business	Mailing Address	Mailing Address				4 100 Mill ante tiant skatt bisan 11181 latt bibts aldit aldit didit dian eren se			
6067 HOLLYWOOD BLVD HOLLYWOOD FL 33024	6067 HOLLYWOOD BLVD HOLLYWOOD FL 33024				DO NOT WRITE IN T	HIS SPACE	:		
					3. Date Incorporated or Qualifed 03/09/1983				
2. Principal Place of Business	2a. Mailing Address				4. FEI Number		Applied For		
2599 NW 63RD LANE	2599 NW 63RD LANE <b>26</b> 2599 NW 63RD LANE				59-2265664		Not Applical		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	City & State			5. Certifcate of Status Desired		75 Additional e Required		
City & State 23 BOCA RATON, FLORIDA	City & State				6. Election Campaign Financing Trust Fund Contribution		.00 May Be ded to Fees		
Zip Country 24 33496 [25] U.S.A.		Coun U•	•	Α.	8. This corporation owes the current year Intangible Personal Property Tax. XY Yes \( \text{\$\subset\$No} \)				
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent						
ROSNER, DAVID N. 6067 HOLLYWOOD BLVD. HOLLYWOOD FL 33024		82 Stre 25		2599 <u>N</u> T	uss (P.O. Box Number is Not Acceptable) W 63RD LANE				
•				City BOCA R			Zip Code 33496		
Pursuant to the provisions of Sections 60 office or registered agent, or both, in the sagent. I am familiar with, and accept the company of the company	State of Florida. Such change was authori	ized I	by t	-named corpo he corporation	oration submits this statement for the purpos n's board of directors. I hereby accept the a	e of changin ppointment a	ig its registere as registered		

<b>g</b>	, , , , , , , , , , , , , , , , , , ,										
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE											
12.	OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR									
TITLE	PD DELETE	1.1 TITLE		X Change	☐ Addition						
NAME	SUTTON, RANDY	1.2 NAME									
STREET ADDRESS	6067 HOLLYWOOD BLVD	1.3 STREET ADDRESS	5701 STIRLING ROAD								
CITY-ST-ZIP	HOLLYWOOD FL	1.4 CITY-ST-ZIP	DAVIE, FLORIDA 33314								
TITLE	STD DELETE	2.1 TITLE		X Change	☐ Addition						
NAME	MEARS, MICHELLE	2.2 NAME									
STREET ADDRESS	6067 HOLLYWOOD BLVD.	2.3 STREET ADDRESS	318 E. RIVERBEND DRIVE								
CITY-ST-ZIP	HOLLYWOOD FL	2. 4 CITY-ST-ZIP	SUNRISE, FLORIDA 33328								
TITLE	☐ DELETE	3.1 TITLE		Change	☐ Addition						
NAME		3.2 NAME									
STREET ADDRESS		3.3 STREET ADDRESS									
CITY-ST-ZIP		3.4. CITY-ST-ZIP			<u></u>						
TITLE	DELETE	4.1 TITLE		Change	☐ Addition						
NAME		4.2 NAME									
STREET ADDRESS		4.3 STREET ADDRESS									
C/TY-ST-Z/P		4.4 CITY-ST-ZIP									
TITLE	DELETE	5.1 TITLE		Change	☐ Addition						
NAME		5.2 NAME									
STREET ADDRESS		5.3 STREET ADDRESS									
CITY-ST-ZIP		5.4 CITY-ST-ZIP									
TITLE	DELETE	6.1 TITLE		Change	Addition						
NAME		6.2 NAME									
STREET ADDRESS		6.3 STREET ADDRESS			Ì						
CITY-ST-ZIP		6.4 CITY-ST-ZIP	is Service 140.07(2)(i) Florido Statutos I further co								

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 peport 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 corpharation 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 chapter 607.

SIGNATURE:

RANDY D. SUTTON