

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

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May 10, 1999 8:00 am
Secretary of State

05-10-1999 90104 036 ***150.00

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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
 6067 HOLLYWOOD BLVD
 HOLLYWOOD FL 33024

Mailing Address
 6067 HOLLYWOOD BLVD
 HOLLYWOOD FL 33024

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/09/1983

2. Principal Place of Business
 21 2599 NW 63RD LANE
 Suite, Apt. #, etc.

2a. Mailing Address
 26 2599 NW 63RD LANE
 Suite, Apt. #, etc.

4. FEI Number
59-2265664
 Applied For
 Not Applicable

22 City & State
 23 BOCA RATON, FLORIDA

27 City & State
 28 BOCA RATON, FLORIDA

5. Certificate of Status Desired **\$8.75** Additional Fee Required

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

24 Zip 33496 Country 25 U.S.A.

29 Zip 33496 Country 30 U.S.A.

8. This corporation owes the current year Intangible Personal Property Tax. Yes 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

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 2599 NW 63RD LANE
 83
 84 City BOCA RATON FL 85 Zip Code 33496

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 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, with all other like empowered.

SIGNATURE: *Randy Sutton* RANDY D. SUTTON 4/30/99 (954) 316-5200
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)