## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sanora B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

G53668

**DOCUMENT #** 1. Corporation Name

(1)DELTA PREMIUM FINANCE COMPANY, INC.

Principal Place of Business Mailing Address



| P.O. BOX 610125<br>NORTH MIAMI GA 33261 |  | P.O. BOX 610125<br>NORTH MIAMI GA 33261 |  |  |  |
|---|--|---|--|--|--|
|   |  |   |  | 3. Date Incorporated or Qualified 08/11/1983   | 3a. Date of Last Report<br>05/01/1995  |
|   | ace of Business  | 2a. Mailing Address                     |  | 4. FEI Number  | Applied For  |
| 21                                      |  | 26                                      |  | 59-2317848   | Not Applicable   |
| Suite, Apt. #, etc.                     |  | Suite, Apt. #, etc.<br>27               |  | 5. Certificate of Status Desired   | \$8.75 Additional Fee Required   |
| City & State                            |  | City & State                            |  | Election Campaign Financing     Trust Fund Contribution                                      | \$5.00 May Be Added to Fees  |
| Zφ                                      | Country  | Zıp                                     | Country  | 8. This corporation has liability for  |  |
| 24                                      | 25   | 29                                      | 30   | Florida Statutes Yes   |  |
| <del></del>                             | 9. Name and Address of Curr  | ent Registered Agent                    |  | 10. Name and Address of New R  | egistered Agent  |
| CDITTAL                                 | DD AMDDEW  |   | 81 Name  |  |  |
|   | RD, ANDREW   |   | 82 Street  | Address (P.O. Box Number is Not Acceptab   | le:  |
|   | RSCAYNE BLVD., #202  |   |  |  |  |
| NU. MIA                                 | MI FL 33181  |   | 83   |  |  |
|   |  |   | 84 City  |  | [05] 7-0-1   |
|   |  |   | [-7] -7  |  | FL 85 Zip Code   |
|   | o the provisions of Sections 607.050<br>ed agent, or both, in the State of Flo<br>h, and accept the obligations of, Se |   | s, the above named or<br>of by the corporation's | orporation submits this statement for the pur<br>board of directors. Thereby accept the appo | pose of changing its registered office<br>pintment as registered agent. I am |
| SIGNATURE _                             | Signature, typed or printed name of register it age  | r handrote, if approprie                | E. Rogi tared Agent signature is                 | en ned where genislating   | DATE   |
| 12.                                     | OFFICERS A   | ND DIRECTORS                            | 13.  | ADDITIONS/CHANGES TO OFFE  |  |
| TITLE                                   | P  | ☐ DELETE                                | 1. 1 TILLE                                       |  |  |
| NAME                                    | POMERANTZ, DONALD  |   | 1.2 NAME   | ANDROW GR122   | arn T  |
| STREET ADDRESS                          | 8546 NW 11TH STREET  |   | 13 STREET ADDRESS                                | 11601 BISCATN  | e BLUD QOI   |
| CITY-ST-ZIP                             | CORAL SPRINGS FL   |   | 1.4 OITY - ST - 7IP                              | N. MIAMI FC  | - 33151  |
| TITLE                                   | ST DAMES DAME  | ☐ DELETE                                | 2 1 THTLE  | ANDREW GRIZZ<br>11601 BISCATN<br>NI MIAMI FO   | Change Addition  |
| NAME                                    | POMERANTZ, RANDY   |   | 2.2 NAME   |  |  |
| STREET ADDRESS                          | 8546 NW 11TH ST  |   | 2.3 STREET ADDRESS                               |  |  |
| City-\$1-ZiP                            | CORAL SPRINGS FL   |   | 2.4 C(TY+ST+7)P                                  |  |  |
| THTLE                                   |  | ☐ DELETE                                | 3 1 TiTLE  |  | ☐ Change ☐ Addition  |
| NAME                                    |  |   | 3.2 NAME   |  |  |
| STREET ADDRESS                          |  |   | 3.3 STREET ADDRESS                               |  | 1  |
| City-SI-ZIP                             |  |   | 3.4 CITY - ST - ZIP                              |  |  |
| TITLE                                   |  | ☐ DELETE                                | 4 1 TITLE  |  | Change Addition  |
| NAME                                    |  |   | 4.2 NAME   |  |  |
| STREET ADDRESS                          |  |   | 4.3 STREET ADDRESS                               |  |  |
| CITY-ST-ZIP                             |  |   | 44 CITY-ST ZP                                    |  |  |
| TITLE                                   |  | DELETE                                  | 5 1 TITLE  |  | Change Addition  |
| NAME                                    |  |   | 5.2 NAME   |  |  |
| STREET ADDRESS                          |  |   | 5.3 STREET ADDRESS                               |  |  |
| C:TY-ST-ZIP                             |  |   | 5.4.0(TY-ST-ZIP                                  |  |  |
| TITLE                                   |  | DELFTE                                  | 6 † TITLE  |  | Change Addition  |
| NAME                                    |  |   | 6.2 NAME   |  |  |
| STREET ADDRESS                          |  |   | 6.3 STREET ADDRESS                               |  |  |
| CITY-ST-ZIP                             |  |   | 6.4 CITY - ST - ZIP                              |  |  |
| 14. I do hereby                         | certify that the information supplied  | with this fling is voluntarily furnis   |  | ity for the exemption stated in Section 1197   | 7/2)/() Florida Dist Acc 15 4)   |

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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statistics, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF S