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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT <b>1995</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # G58427 (7)**

1. Corporation Name  
**AGENCY'S PREMIUM FINANCE CORPORATION INC.**

Principal Place of Business <b>13408 SW 128TH STREET MIAMI FL 33186</b>	Mailing Address <b>13408 SW 128TH STREET MIAMI FL 33186</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>09/07/1983</b>	3a. Date of Last Report <b>08/11/1994</b>
4. FEI Number <b>59-2327283</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.037, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**STEWART, DONNARAE K.  
13374 SW 128 ST  
MIAMI FL 33186**

10. Name and Address of New Registered Agent


81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	NAME <b>FORBES, KEITH A.</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>6523 SW 114TH AVENUE</b>	CITY, ST, ZIP <b>MIAMI FL</b>	1.2 NAME	
TITLE <b>STD</b>	NAME <b>WONG, DAVID A.</b>	1.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>13374 SW 128 ST</b>	CITY, ST, ZIP <b>MIAMI FL</b>	1.4 CITY, ST, ZIP	
TITLE <b>D</b>	NAME <b>JACKSON, NOEL O.</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>6 EBONY CLOSE</b>	CITY, ST, ZIP <b>KINGSTON 8, JAMAICA</b>	2.2 NAME	
TITLE <b>D</b>	NAME <b>FRASER, GEORGE N.</b>	2.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>1770 BW 107TH AVENUE</b>	CITY, ST, ZIP <b>PEMBROKE PINES FL</b>	2.4 CITY, ST, ZIP	
TITLE <b>D</b>	NAME <b>DWYER, WINSTON A.</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>9481 S.W. 134TH STREET</b>	CITY, ST, ZIP <b>MIAMI FL</b>	3.2 NAME	
TITLE	NAME	3.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY, ST, ZIP	3.4 CITY, ST, ZIP	
TITLE	NAME	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY, ST, ZIP	4.2 NAME	
TITLE	NAME	4.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY, ST, ZIP	4.4 CITY, ST, ZIP	
TITLE	NAME	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY, ST, ZIP	5.2 NAME	
TITLE	NAME	5.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY, ST, ZIP	5.4 CITY, ST, ZIP	
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY, ST, ZIP	6.2 NAME	
TITLE	NAME	6.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY, ST, ZIP	6.4 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 110.07(3)(b), Florida Statutes. I further certify that the information included 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 in an attachment with an address.

SIGNATURE:  **STEWART, DONNARAE K.**  
SIGNATURE AND SEAL OF APPOINTED HEAD OF DIVISION OFFICER OR DIRECTOR

Date: **A-26-95** (305) 255-1344