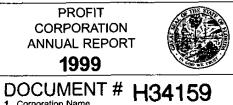
PROFIT CORPORATION ANNUAL REPORT

1999

MHD PREMIUM FINANCE COMPANY

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

DIVISION OF CORPORATIONS

Secretary of State

Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90198 017 ***150.00

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Principal Place	e of Business	Mailing Address							KING (817 81	0 : 1 0 8 (9	m11 W(W)(
2701 N.W. 62NL	STREET	P O BOX 9508										
P.O. BOX 8757		P.O. BOX 8757				DO NOT WRITE IN THIS SPACE						
FT. LAUDERDALE FL 33310-5757		FT LAUDERDALE FL	33310-508			2 2-4				nio ora	CE	
		US					e Incorporated	or Qualited				
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2. Principal Pl	lace of Business	2a. Mailing Address	3			,					\vdash	t Applicable
21		26			·		-2485784			•		Additional
Suite, Apt.	#, etc.	Suite, Apt. #, etc	C.			5. Cer	tifcate of Statu	ıs Desired		ъ.	Fee Re	
22		City & State								-		May Be
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23	Country	28	Col	untry								0.003
Zip	Country	Zip	30	and y			s corporation or sonal Property		rent year	intangit '		□No
24	9. Name and Address of Curre	29	30				me and Addre		Register			
	9. Name and Address of Curre	ant Registered Agent		81	Name	10. 1						
CALI	DWELL, WILLIAM W.											
	BEACHLAND BLVD.			82	Street	Address (P.O. I	Box Number is	Not Accep	table)			
	O BEACH FL 32960			83								
Y VI	O BEACHTE 32900			03						_		
,				84	City					=L 8	5 Zip	Code
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office or r	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida, Such change,	was authorize	ส ทง เ	the corno	corporation sub oration's board	of directors. I	hereby acce	ept the ap	pointme	nt as re	gistered
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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 or annual report with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZiP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING

4/15/99