FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 PM 1:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J27561** **(6)**

1. Corporate Name
1ST HOLLYWOOD 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: **08/06/1986**
3a. Date of Last Report: **05/01/1994**

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

4. FEI Number: **59-2701202** — Applied For / Not Applicable
5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees
8. Does corporation manufacture or produce a product subject to Florida Sales Tax? [X] Yes [ ] No

9. Name and Address of Current Registered Agent
ROSNER, DAVID N.
6067 HOLLYWOOD BLVD.
HOLLYWOOD FL 33024

10. Name and Address of New Registered Agent
81 Name
82 Street Address, P.O. Box Number (not Acceptable)
83
84 City: **FL** 85 Zip Code

11. Pursuant to Section 607.0505, Florida Statutes, the above named corporation submits the 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. Florida entity name or registered agent, or both, are not required for the purpose of Section 607.0505, Florida Statutes.

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	RIVARD, JEAN-GUY
Street Address	6067 HOLLYWOOD BLVD
City, State, Zip	HOLLYWOOD FL
TITLE	STD
NAME	MEARS, MICHELLE
Street Address	6067 HOLLYWOOD BLVD.
City, State, Zip	HOLLYWOOD FL

13. ADDITIONS/CHANGES TO OFFICERS AND/OR DIRECTORS

[ ] Change [ ] Addition
1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP

[ ] Change [ ] Addition
1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP

[ ] Change [ ] Addition
1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP

[ ] Change [ ] Addition
1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP

[ ] Change [ ] Addition
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2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP

[ ] Change [ ] Addition
1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP

14. I hereby certify that the information supplied with this report, knowingly furnished false or not equal to the requirements of the law, Title 38, Florida Statutes. Further certify that the information provided on the annual report or supplemental annual report is true and accurate and that the signature shown below is the same as that on file with the office or director of the corporation or designee or trustee or designee authorized to sign the report as required by Chapter 607, Florida Statutes, and that the name appears above, or on lines 1 or 2 if changed, or on an attachment with an address.

SIGNATURE: Jean-Guy Rivard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-27-95 — Date
305-985-4200 — Daytime Phone #

0086475 CP