

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J94153 (0)

1. Corporation Name

FEDERATED PREMIUM FINANCE, INC.

Principal Place of Business

8972 TAFT ST
PEMBROKE PINES FL 33024

Mailing Address

8972 TAFT ST
PEMBROKE PINES FL 33024



3. Date Incorporated or Qualified
09/21/1987

3a. Date of Last Report
02/14/1995

2. Principal Place of Business

2a. Mailing Address

21 735 E Oakland Blvd

26 735 E Oakland Blvd

4. FEI Number
65-0009813

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. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

City & State

City & State

23 Ft. Lauderdale FL

28 Ft. Lauderdale FL

Zip

Country

Zip

Country

24 33334

25 Broward

29 33334

30 Broward

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEONARD, PAUL A.
8972 TAFT ST
PEMBROKE PINES FL 33024

81 Name

Ronald A. Raymond

82 Street Address (P.O. Box Number is Not Acceptable)

735 E. Oakland Blvd

83

84 City

Ft. Lauderdale

FL

85 Zip Code

33334

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

(NOTE: Registered Agent signature required when re-stating)

4/29/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME LEONARD, PAUL A.
STREET ADDRESS 946 SW 102 TERRACE
CITY-ST-ZIP PEMBROKE PINES FL

11 TITLE President ☐ Change ☒ Addition
12 NAME Raymond, Ronald A.
13 STREET ADDRESS 1625 S E 10th Ave
14 CITY-ST-ZIP Ft. Lauderdale, FL 33316

TITLE D ☐ DELETE
NAME LAWSON, EDWARD J.
STREET ADDRESS 12731 NW 1 ST
CITY-ST-ZIP PLANTATION FL

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME LAWSON, MICHELLE V.
STREET ADDRESS 12731 NW 1 ST
CITY-ST-ZIP PLANTATION FL

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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 Section 119.07(3)(k), 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 or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

4/19/96

954-524-5002

DATE

Daytime Phone #

CR2E034 (12/95)