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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEP**A**RTMENT OF STATE Sandr**a** B Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # J96778

(2)

1, COIPOIBILOI:			` '							
PRES	IDENTAL PREMIUM FINA	NCE, IN	C.							
Principal Place	of Business	Ma	iling Address							
			6067 HOLLYWOOD B HOLLYWOOD FL 330							
							3. Date incorporated or Qualified 10/12/1987	3a. Date	of Last F 05/01/1	
			Mailing Address	illing Address			4, FEI Number			Applied For
21 Suito Arst 4	l ato	26	Oute Ant E at-	···			65-0016532			Not Applicab
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		28	City & State				Election Campaign Financing Trust Fund Contribution			0 May Be
Zip	Country		Zip	C	ountry		8. This corporation has liability for	intangible ta		
24	25	29		30			Florida Statutes 🙀 Yes	□No		•
	9. Name and Address of Curi	ent Regist	ered Agent			······································	10. Name and Address of New F	legistered A	gent	
					81	Name				
SIMON, DONALD					82 Street Address (P.O. Box Number is Not Acceptable)					 -
6067 HOLLYWOOD BLVD.					Ĺ			,		
10TH F	LOOR				83					
HOLLY	WOOD FL 33024				84	City		 	lorl 7	in Code
					1	_		FL	11	
	o the provisions of Sections 607.05 ad agent, or both, in the State of Fid h, and accept the obligations of, Se	02 and 607 orida. Such ection 607,0	.1508, Florida Statu te change was authori ze 1505, Florida Statute s .	s, the ab od by the	corp	named corporation's b	poration submits this statement for the pur oard of directors. I hereby accept the app	pose of char pintment as r	nging Its egistered	registered offi d agent. I am
SIGNATUŖE	Signature, typed or printed name of registered ag	ent and life If ap	yricable (NO)	E Registere	ed Ager	t signature req	urred when reinstaling)	DATE		
12.	OFFICERS A	IND DIRECT		13.			ADDITIONS/CHANGES TO OFF	ICERS AND	DIRECTO	DRS IN 12
TITLE	PD		DELETE.	1.1	TITLE		PD	X	Change	Addition
NAME	SIMON, STEVEN R.			1.2	NAME		SIMON, DONALD			
STREET ADDRESS	21 S.E. FIRST AVE			1.3	STAEEL	ADDRESS	6067 Hollywood Blvd.			
CHTY-ST-ZIP	MIAMI FL			1.4	CITY-S	1 - 7(P	Hollywood Fl. 33024			
TITLE	\$D		DELETE	2. 1	TITLE		-		Change	☐ Addition
NAME	ROSNER, JEFFREY S.			2.2	NAME					
STREET ADDRESS	6067 HOLLYWOOD BLVD	١.		2.3	STREET	ADDRESS				
CITY+\$1-ZIP	HOLLYWOOD FL		***************************************		CITY-S	T- ZIP				
TITLE	Ţ		DELETE	3. 1	TITLE		OTIMMON DANIDA	X	Change	Addition
NAME	RIVARD, JEAN-GUY			3.21	MAME		SUTTON, RANDY			
STREET ADDRESS	6067 HOLLYWOOD BOUL	.evard		3 3.	STREET	ADDRESS			_ •	,
CITY-ST-ZIF	HOLLYWOOD FL			3.4 (ony-s	1-21P			٥l	LCC
TIFLE			DELETE	4, 1	TITLE	T.		E	Change	Addition
NAME				421	IAME					

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 logal 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 on an attachment with an address.

43 STREET ADDRESS

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE i

6.2 NAME

5 1 TITLE

5.2 NAME

SIGNATURE: 9

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY+ST-ZIP

CITY-SI-ZIP

TITLE

NAME

TITLE

NAME

AGNATURE (NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

DELETE

4.29.96

***200.00

(305) 985-4200 Dayline Phone #

Change

400001836294 -05/23/96--01015--0<u>2</u>1change Addition

Addition