## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

PRESIDENTAL PREMIUM FINANCE, INC.

**FILED** May 15 1998 8:00am Secretary of State

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Principal Place of Business Mailing Address						( 100(110 0110 10110 01111 010111 0101111 010111 010111 01011 01011 01011 01011 01011 01011 01011 01011 010111 010111 010111 010111 0		)		
	WOOD BLVD.		67 HOLLYWOOD BLV							
HOLLYWOOD FL 33024 HOLLYWOOD FL 33024					DO NOT WRITE IN THIS SPACE					
							3. Date Incorporated or Qualified	TIOL		
							10/12/1987			
	Place of Business	28.	Mailing Address				4. FEI Number	A	oplied For	
21		[26]					65-0016532	N	ot Applicable	
Suite, Apt.	#, etc		Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional	
27						Fee Rec				
City & Stat	City & State City & State						6. Election Campaign Financing	· · · · · · · · · · · · · · · · · · ·		
<b>23</b> Zip	Country Zip Country			<del>,</del>	Trust Fund Contribution					
24	25	29	• 4/	30	,					
==1	9. Name and Address of Curr		ered Agent	1901	_		10. Name and Address of New Registered Ag			
SII	MON, DONALD				81	Name				
	67 HOLLYWOOD BLVD.				82	Street A	dress (P.O. Box Number is Not Acceptable)			
SUITE 301				-	0,1661.A	udress (F.O. Dox Humber is Not Acceptable)				
HC	DLLYWOOD FL 33024				83					
					84	City		85 Zip	Code	
							F <u>L</u>			
l office or r	to the provisions of Sections 607.0 registered agent, or both, in the Sti im familiar with, and accept the obl	ite of Floridi	n. Such change was	authorized	d by	the corpo	corporation submits this statement for the purpose of c oration's board of directors. I hereby accept the appoi	hanging i ntment as	ts registered registered	
SIGNATURE	Signature, typod or pointed name of registered.	2.172.0								
12.	Signature, typou or partiest name or registered.  OFFICERS A			13.	A Age	ent signature re	required when reinstating) DA1E  ADDITIONS/CHANGES TO OFFICERS AND (	DIRECTOR	RS IN 12	
TITLE	PD	WAY THE C	DELETE	1.110	ΓL€	I		Change	Addition	
NAME	SIMON, DONALD			1.2 NA	ME					
STREET ADDRESS	6067 HOLLYWOOD BLVD.			1.3 STREET		ADDRESS				
CITY-ST-ZIP	HOLLYWOOD FL			1.4 CIT						
THILE	SD		☐ DELETE	2111	TLE			Change	☐ Addition	
NAME	ROSNER, JEFFREY S.			2.2 NA	ME					
STREET ADDRESS	6067 HOLLYWOOD BLVD.			2.3 ST	REET	ADDRESS				
CITY-ST-ZIP	HOLLYWOOD FL					ST - ZIP				
TITLE	I CHITTON DANIDY		☐ DELETE	3.1 TR			L	Change	Addition	
NAME	SUTTON, RANDY 6067 HOLLYWOOD BOULE	MADD		3 2 NA						
STREET ADDRESS	HOLLYWOOD FL	שתאי		1		ADORESS			İ	
CITY-ST-ZIP TITLE	HOLETHOOD FL		DELETE	3 4. C		ST-ZIP		Change	Addition	
NAME			L. DECETE	4 1 11: 4. 2 N			L	onange	L_J AUGILION	
STREET ADDRESS						ADORESS				
CITY-ST-ZIP				4 4 CI						
TITLE			DELETE	5 1 Til		11.51		Change	Addition	
NAME	,		<del>-</del>	5.2 NA			_	·· • ·		
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP				5.4 Cf						
TITLE			☐ DELETE	6 1 Tri				Change	Addition	
NAME				6.2 NA	ME					
STREET ADDRESS				6.3 ST	AEET	ADDRESS				
CITY-ST-ZIP				6.4 CI	fy-S	T-ZIP				
مديما مسمال الأساف	المرازين والمراجع والمراكين والمراجع والمراجع والمراجع والمراجع والمراجع والمراجع والمراجع والمراجع	andthe Main Col.	ويبانأ ويبيد ومصوم مناهيد	for the aug		diam atabas	d in Continu 110 07/0/// Floride Ctatutes, I further cost	4 . 44 - 4 44 -		

I nereby 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 informatio indicated on this annual report or supplemental arnual 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 confidence or the receiver or frustee 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 attrichment with an address