

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90104 035 \*\*\*150.00

**DOCUMENT # J96778**

1. Corporation Name  
**PRESIDENTIAL 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

**10/12/1987**

4. FEI Number  
**65-0016532**

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 owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

**21 2599 NW 63RD LANE**

2a. Mailing Address

**26 2599 NW 63RD LANE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22**

**27**

City & State

**23 BOCA RATON, FLORIDA**

City & State

**28 BOCA RATON, FLORIDA**

Zip

**24 33496**

Country

**25 U.S.A.**

Zip

**29 33496**

Country

**30 U.S.A.**

9. Name and Address of Current Registered Agent

**SIMON, DONALD  
6067 HOLLYWOOD BLVD.  
SUITE 301  
HOLLYWOOD FL 33024**

10. Name and Address of New Registered Agent

**81 Name**

**82 Street Address (P.O. Box Number is Not Acceptable)  
5701 STIRLING ROAD**

**83**

**84 City  
DAVIE**

**FL**

**85 Zip Code  
33314**

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 and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**PD  
NAME  
SIMON, DONALD  
STREET ADDRESS  
6067 HOLLYWOOD BLVD.  
CITY-ST-ZIP  
HOLLYWOOD FL**

TITLE ☐ DELETE

**SD  
NAME  
ROSNER, JEFFREY S.  
STREET ADDRESS  
6067 HOLLYWOOD BLVD.  
CITY-ST-ZIP  
HOLLYWOOD FL**

TITLE ☐ DELETE

**T  
NAME  
SUTTON, RANDY  
STREET ADDRESS  
6067 HOLLYWOOD BOULEVARD  
CITY-ST-ZIP  
HOLLYWOOD FL**

TITLE ☐ DELETE

**NAME  
STREET ADDRESS  
CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME  
STREET ADDRESS  
CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME  
STREET ADDRESS  
CITY-ST-ZIP**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

**1.2 NAME  
1.3 STREET ADDRESS  
5701 STIRLING ROAD  
1.4 CITY-ST-ZIP  
DAVIE, FLORIDA 33314**

2.1 TITLE ☒ Change ☐ Addition

**2.2 NAME  
2.3 STREET ADDRESS  
5701 STIRLING ROAD  
2.4 CITY-ST-ZIP  
DAVIE, FLORIDA 33314**

3.1 TITLE ☒ Change ☐ Addition

**3.2 NAME  
3.3 STREET ADDRESS  
5701 STIRLING ROAD  
3.4 CITY-ST-ZIP  
DAVIE, FLORIDA 33314**

4.1 TITLE ☐ Change ☐ Addition

**4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP**

5.1 TITLE ☐ Change ☐ Addition

**5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP**

6.1 TITLE ☐ Change ☐ Addition

**6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*Randy Sutton*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**RANDY D. SUTTON**

**4/30/99**

**(954) 316-5200**

Date

Daytime Phone #

CR2E034 (11/98)

0144198