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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

DOCUMENT # **L01115** **(9)**

1. Corporate Name

JUST PREMIUM FINANCE INC.

Principal Place of Business	Mailing Address
160 HARVEY FRIEDMAN 5572 PARK BLVD PINELLAS PARK FL 34665 US	160 HARVEY FRIEDMAN 5572 PARK BLVD PINELLAS PARK FL 34665 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/10/1989**

3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business — 21

2a. Mailing Address — 26

4. FEI Number: **59-2996392**

Applied For ☐ Not Applicable ☐

Suite, Apt. or Unit — 22

Suite, Apt. or Unit — 27

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State — 23

City & State — 28

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

24 — 25 — 29 — 30

8. The corporation has liability for intangible tax under S. 199.032, Florida Statutes. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FRIEDMAN, HARVEY
5572 PARK BLVD
PINELLAS PARK FL 34665

10. Name and Address of New Registered Agent

31 Name

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

33

34 City **FL** 35 Zip Code

11. Pursuant to the provisions of Section 607.152, 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 my position as registered agent under Florida statutes.

SIGNATURE

12. OFFICERS AND/OR DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND/OR DIRECTORS
TITLE	P	☐ Change ☐ Addition
NAME	FRIEDMAN, HARVEY	
STREET ADDRESS	5572 PARK BLVD	
CITY-ST-ZIP	PINELLAS PARK FL	
TITLE	D	☐ Change ☐ Addition
NAME	FRIEDMAN, CAROL	
STREET ADDRESS	5572 PARK BLVD	
CITY-ST-ZIP	PINELLAS PARK FL	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

14. I hereby certify that the information supplied with this report is accurately typed and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 above, or on an attachment with an X in Block 13.

SIGNATURE: HARVEY FRIEDMAN — 5-1-95 — 813-546-0061

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0372005 CP