

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION  
ANNUAL REPORT  
1998



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

FILED  
Sep 24, 1998 8:00 am  
Secretary of State

DOCUMENT # L01115 (9)  
1. Corporation Name  
JUST PREMIUM FINANCE INC.



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

Mailing Address  
160 HARVEY FRIEDMAN  
5572 PARK BLVD  
PINELLAS PARK FL 34665  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
160 HARVEY FRIEDMAN 5572 PARK BLVD PINELLAS PARK FL 34665 US		160 HARVEY FRIEDMAN 5572 PARK BLVD PINELLAS PARK FL 34665 US		07/10/1989	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
City & State		City & State		59-2996392	
Zip 33781		Zip 33781		Applied For	
Country 25		Country 30		Not Applicable	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		5. Certificate of Status Desired	
FRIEDMAN, HARVEY 5572 PARK BLVD PINELLAS PARK FL 34665		81 Name		8.75 Additional Fee Required	
		82 Street Address (P.O. Box Number is Not Acceptable)		8. Election Campaign Financing	
		83		Trust Fund Contribution	
		84 City		5.00 May Be Added to Fees	
		85 Zip Code		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
		33781		Yes No	

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		DATE	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
P FRIEDMAN, HARVEY 5572 PARK BLVD PINELLAS PARK FL		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 33781	
D FRIEDMAN, CAROL 5572 PARK BLVD PINELLAS PARK FL		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 33781	
		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

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.

SIGNATURE: SIGNATURE OF REGISTERED AGENT  
9-17-98 (813) 546-0061  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/98)