


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

FILED

Apr 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L60300** (5)

1. Corporation Name
RDL PREMIUM FINANCE, INC.



Principal Place of Business 4930 N PINE ISLE RD 740 EAST PLANTATION CIRCLE LAUDERHILL FL 33351 US	Mailing Address 4930 N PINE ISLE RD. 740 EAST PLANTATION CIRCLE LAUDERHILL FL 33351-5314 US
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3. Date Incorporated or Qualified 03/27/1990	3a. Date of Last Report 05/01/1996
4. FEI Number 65-0185544	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 4930 N. Pine Is Rd Suite, Apt. #, etc.	2a. Mailing Address 26 4930 N. Pine Is Rd Suite, Apt. #, etc.
22 City & State Lauderhill FL	27 City & State Lauderhill FL
23 Zip 33351 Country USA	28 Zip 33351 Country USA

9. Name and Address of Current Registered Agent LEVIN, DIANA 740 EAST PLANTATION CIRCLE PLANTATION FL 33324	10. Name and Address of New Registered Agent 81 Name DIANA LEVIN 82 Street Address (P.O. Box Number is Not Acceptable) 4930 N. Pine Island Rd 83 84 City Lauderhill FL 85 Zip Code 33351
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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: *Diana Levin Sec/Tr.* 4/22/97
Signature in typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DST	<input type="checkbox"/> DELETE	1.1 TITLE Change <input type="checkbox"/> Addition	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LEVIN, DIANA		1.2 NAME	Address only
STREET ADDRESS 740 E. PLANTATION CIRCLE		1.3 STREET ADDRESS	4930 N. Pine Island Rd
CITY - ST - ZIP PLANTATION FL		1.4 CITY - ST - ZIP	Lauderhill FL 33351
TITLE PO	<input type="checkbox"/> DELETE	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LEVIN, ROBERT A.		2.2 NAME	Address only
STREET ADDRESS 740 E. PLANTATION CIRCLE		2.3 STREET ADDRESS	4930 N. Pine Island Rd
CITY - ST - ZIP PLANTATION FL		2.4 CITY - ST - ZIP	Lauderhill FL 33351
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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: *Diana Levin Sec/Tr.* 4/22/97 **DIANA E LEVIN**
Signature and typed or printed name of signing officer or director. Date Daytime Phone #

CR2E034 (9/96)