SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 (0)DOCUMENT # L74984 METRO PREMIUM FINANCE CO., INC. Mailing Address Principal Place of Business C/O PHYLLIS PRINCE C/O PHYLLIS PRINCE E O BOX 15610 <P O BOX 19810 PLANTATION FL 2001B PLANTATION FL 33318 3a. Date of Last Report 3. Date Incorporated or Qualified 05/01/1995 05/17/1990 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 2/NO.BEI AIR 3 L 65-0200870 Not Applicable WIA. 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc 5. Certificate of Status Desired Fee Required 22 \$5.00 May Be State 6. Election Campaign Financing City & State lantarion, Added to Fees Trust Fund Contribution 23 8. This corporation has liability for intangible tax under s. 199 032 Country Zın Browned Yes No Florida Stalutes 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent В1 Name PRINCE, CHARLES D. Street Address (P.O. Box Number is Not Acceptable) 21 N BEL AIR DR 82 **PLANTATION FL 33317** 83 Zio Code 85 City 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 1 am familiar with, and accept the obligations of. Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if a princable (36/8)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13 12 Change Addition DELETE D 1.1 TIFLE TITLE CR2E034 PRINCE, CHARLES DAVID 1.2 NAME NAME 21 NORTH BEL AIR DR. 13 STREET ADDRESS STREET ADDRESS PLANTATION FL 14 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 2.1 DILE TITLE 2.2 NAME NAME 2 3 STREET ADDRESS STREET ADDRESS 2 4 CITY - ST - ZIP CITY - ST - ZIP Change Addition DELETE 3 1 TITLE TITLE 3.2 NAME NAME 3 3 STREET ADDRESS STREET ADDRESS 34 CITY-ST-ZIP CITY - ST - ZIP Change Addition DELETE 4.1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADORESS 4.4 CHTY - ST - ZIP DITY-ST-ZIP Change Andition DELETÉ 5 1 TITLE 5.2 NAME NAME 5.3 STREET ADORESS STREET ADORESS 5 4 CITY - ST - ZIP CITY - ST - ZIP 300001927355 April 40000 -08/20/96--01139--033 8/ DELETE 61 TITLE TITLE 6.2 NAME NAME 20 12 ***375.00 6.3 STREET ADDRESS STREET ADDRESS 6.4 CLTV - ST - ZIP 14. Ido hereby certify that the information supplied with this firing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). 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 recover or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attactorient with an address.

THE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

8/12/16 30-6226464