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CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 PM 5:35

DOCUMENT # M11858 (1)

1. Corporation Name
APPLE PREMIUM FINANCE SERVICE COMPANY

Principal Place of Business	Mailing Address
9485 SUNSET DRIVE SUITE A-270 MIAMI FL 33173 US	9485 SUNSET DRIVE SUITE 1-270 MIAMI FL 33173 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/26/1985
3a. Date of Last Report: 06/15/1994
4. FEI Number: 59-2524364 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21
Suite, Apt. #, etc
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

TAFFER, JACK J.
3301 NORTHEAST SECOND AVENUE
MIAMI FL 33137

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	KOPPLEMANN, WILLIAM J.
STREET ADDRESS	9017 SW 112 STREET
CITY ST ZIP	MIAMI FL
TITLE	CEO
NAME	BOATWRIGHT, JR., L.M.
STREET ADDRESS	15410 S.W. 84TH AVENUE
CITY ST ZIP	MIAMI FL
TITLE	VP
NAME	KOPPELMANN, WILLIAM J
STREET ADDRESS	13250 SE 98TH STREET
CITY ST ZIP	MIAMI FL
TITLE	D
NAME	WILLIAMSON, ROSEMARY
STREET ADDRESS	15410 SW 84TH AVE
CITY ST ZIP	MIAMI FL
TITLE	D
NAME	TAFFER, SUSAN E
STREET ADDRESS	3301 NE 2ND AVE
CITY ST ZIP	MIAMI FL
TITLE	STD
NAME	TAPPIN, ANTHONY R.
STREET ADDRESS	7408 SW 168 TERRACE
CITY ST ZIP	MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE ☐ Change ☐ Addition
1 2 NAME
1 3 STREET ADDRESS
1 4 CITY ST ZIP
2 1 TITLE ☐ Change ☐ Addition
2 2 NAME
2 3 STREET ADDRESS
2 4 CITY ST ZIP
3 1 TITLE ☐ Change ☐ Addition
3 2 NAME
3 3 STREET ADDRESS
3 4 CITY ST ZIP
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 do hereby certify that the information supplied with this filing is voluntarily furnished 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 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: (A.R. TAPPIN) 2/21/95 305-253-2594

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