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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

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 33173-3242 US

3. Date Incorporated or Qualified: 02/26/1985
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business	2a. Mailing Address
21 16155 SW 117 AVE.	26 16155 SW 117 AVE.
22 Suite, Apt. #, etc. BAY B-15	27 Suite, Apt. #, etc. BAY B-15
23 City & State MIAMI, FL	28 City & State MIAMI, FL
24 Zip 33177 25 Country U.S.A.	29 Zip 33177 30 Country U.S.A.

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

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 LEONARD BOATWRIGHT
82 Street Address (P.O. Box Number is Not Acceptable) 16155 SW 117 AVE
83 SUITE B-15
84 City MIAMI FL 85 Zip Code 33177

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 LEONARD BOATWRIGHT Leonard Boatwright 2/10/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD KOPPLEMANN, WILLIAM J. 13250 SW 96 ST MIAMI FL 33186	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	SAME	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~CEO~~ BOATWRIGHT, JR., L.M. 15410 S.W. 84TH AVENUE MIAMI FL	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	T/D/CEO	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ~~KOPPELMANN~~, WILLIAM J 13250 SE 96TH STREET MIAMI FL	☑ DELETE Delete	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	DIRECTOR RONALD JACOBS 3950 N. 43RD AVE HOLLYWOOD, FL 33021	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILLIAMSON, ROSEMARY 15410 SW 84TH AVE MIAMI FL	☑ DELETE DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	DIRECTOR GREGORY CAREY 9625 DOMINICAN DR. MIAMI, FL 33173	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TAFFER, SUSAN E 3301 NE 2ND AVE MIAMI FL	☑ DELETE DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	DIRECTOR DONNA YOUNG 3729 SW 91 AVE MIAMI, FL 33165	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S OCEJO, ISABEL N 660 SW 57 AVE #22 MIAMI FL	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	SAME	☐ Change ☐ Addition

CR2E034 (9/96)

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: LEONARD BOATWRIGHT Leonard Boatwright 2/10/97 305 232-7040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #