

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

DOCUMENT # M16958 (4)
1. Corporation Name
NATIONAL-WIDE PREMIUM FINANCE CORPORATION

FILED

98 OCT 19 PM 3:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
1111 PARK CENTRE BLVD
#300
MIAMI FL 33169
US

Mailing Address
1111 PARK CENTRE BLVD
#300
MIAMI FL 33169
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/18/1985

2. Principal Place of Business
21 1525 N.W. 167th St.
Suite, Apt. #, etc.
22 Ste 165
City & State
23 MIAMI, FL
Zip
24 33169
Country
25 USA

2a. Mailing Address
26 1525 N.W. 167th St.
Suite, Apt. #, etc.
27 Ste 165
City & State
28 MIAMI, FL
Zip
29 33169
Country
30 USA

4. FEI Number
59-2646841
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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

RICHARD WASERSTEIN
913 NORMANDY DRIVE
MIAMI BEACH FL 33141

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when changing office.)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSID	1.1 TITLE	CARRIE SOMMER
NAME	MICHAELSON, STEPHEN E	1.2 NAME	1525 N.W. 167th St, Ste 165
STREET ADDRESS	1111 PARK CENTRE BLVD., #300	1.3 STREET ADDRESS	MIAMI, FL 33169
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	MIAMI, FL 33169
TITLE	CFO	2.1 TITLE	DIRECTOR
NAME	COHEN, ROBERT	2.2 NAME	CARRIE SOMMER
STREET ADDRESS	1111 PARK CENTRE BLVD., #300	2.3 STREET ADDRESS	1525 N.W. 167th St, Ste 165
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	MIAMI, FL 33169
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	300002669223--3
CITY-ST-ZIP		3.4 CITY-ST-ZIP	-10/21/98--01061--007
TITLE		4.1 TITLE	***1100.00 ***550.00
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/23/98

Date

305-620-8000

Daytime Phone #

0049341

CR2E034 (5/98)