

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

FILED  
May 11, 1999 8:00 am  
Secretary of State

05-11-1999 90034 045 \*\*\*158.75

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # M39935

1. Corporation Name

PREMIUM PARTNERS FUND, INC.

Principal Place of Business  
1600 W. COMMERCIAL BLVD.  
FT. LAUDERDALE FL 33309

Mailing Address  
P.O. BOX 9088  
FT. LAUDERDALE FL 33310-9088



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/13/1986

4. FEI Number

59-2725015

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

X

Yes No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22 City & State

23 Zip

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

JONES, MATTHEW T ESQ.  
1600 W. COMMERCIAL BLVD.  
FT. LAUDERDALE FL 33309

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GADDIS, JESSE P.	
STREET ADDRESS	221 W OAKLAND PK BLVD	
CITY-ST-ZIP	FT. LAUDERDALE FL 33311	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MORGAMAN, PHILIP E.	
STREET ADDRESS	1600 W. COMMERCIAL BLVD.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Dp	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Mark Stephenson	
1.3 STREET ADDRESS	1600 W. Commercial Blvd.	
1.4 CITY-ST-ZIP	Ft. Lauderdale, Fla. 33309	
2.1 TITLE	DC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Morgaman, Philip E.	
2.3 STREET ADDRESS	1600 W. Commercial Blvd.	
2.4 CITY-ST-ZIP	Ft. Lauderdale, Fla. 33309	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Nichols, Neal	
3.3 STREET ADDRESS	3251 Washington Blvd.	
3.4 CITY-ST-ZIP	Arlington, VA. 22201	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Camillo, John M.	
4.3 STREET ADDRESS	221 W. Oakland Pk. Blvd.	
4.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33311	
5.1 TITLE	DVST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Gardner, Deborah S.	
5.3 STREET ADDRESS	1600 W. Commercial Blvd.	
5.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33309	
6.1 TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Spruce, William D.	
6.3 STREET ADDRESS	1600 W. Commercial Blvd.	
6.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33309	

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARK STEPHENSON, PRESIDENT

3/9/99

Date

(954) 493-6565

Daytime Phone #

CR2E034 (11/98)

545027-90034-45  
M39935

**PREMIUM PARTNERS FUND, INC.**

**ADDITIONAL OFFICERS:**

Title: V  
Name: Matthew T. Jones  
Street Address: 1600 W. Commercial Blvd.  
City ST-ZIP: Ft. Lauderdale, Florida 33309

Title: V  
Name: Joseph A. Matteis  
Street Address: 1600 W. Commercial Blvd.  
City ST-ZIP: Ft. Lauderdale, Florida 33309

Title: V  
Name: Dennis Smith  
Street Address: 1600 W. Commercial Blvd.  
City ST-ZIP: Ft. Lauderdale, Florida 33309

Title: V  
Name: Cheryl A. Smith  
Street Address: 1600 W. Commercial Blvd.  
City ST-ZIP: Ft. Lauderdale, Florida 33309

Title: V  
Name: Gary D. Paikoff  
Street Address: 1600 W. Commercial Blvd.  
City ST-ZIP: Ft. Lauderdale, Florida 33309

Title: V  
Name: Marilyn Peterson  
Street Address: 1600 W. Commercial Blvd.  
City ST-ZIP: Ft. Lauderdale, Florida 33309