

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

FILED
Jan 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M46224 (5)

1. Corporation Name

PRO PREMIUM FINANCE COMPANY, INC.



Principal Place of Business

5016 LINCOLN ST.
HOLLYWOOD FL 33021

Mailing Address

5016 LINCOLN ST.
HOLLYWOOD FL 33021

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/06/1987

2. Principal Place of Business

21 5012 Hollywood Blvd

2a. Mailing Address

26 5012 Hollywood Blvd

Suite, Apt. #, etc.

22 S-200

Suite, Apt. #, etc.

27 S-200

City & State

23 Hollywood FL

City & State

28 Hollywood FL

Zip

24 33021

Country

25 USA

Zip

29 33021

Country

30 USA

4. FEI Number

59-2782460

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

GLANTZ, MICHAEL
5016 LINCOLN STREET
HOLLYWOOD FL 33021-2256

10. Name and Address of New Registered Agent

81 Name

Baseman, Alan Esquire

82 Street Address (P.O. Box Number is Not Acceptable)

2435 Hollywood Blvd

83

84 City

Hollywood

FL

85 Zip Code

33020

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 Alan Baseman

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-14-98

12. OFFICERS AND DIRECTORS

TITLE	PST	<input checked="" type="checkbox"/> DELETE
NAME	GLANTZ, MICHAEL	
STREET ADDRESS	5016 LINCOLN STREET	
CITY-ST-ZIP	HOLLYWOOD FL 33021	

TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	GLANTZ, DANIEL	
STREET ADDRESS	5016 LINCOLN STREET	
CITY-ST-ZIP	HOLLYWOOD FL 33021	

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		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Glantz, Daniel	
1.3 STREET ADDRESS	3700 Simms Street	
1.4 CITY-ST-ZIP	Hollywood FL 33021	

2.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Glantz, Toni	
2.3 STREET ADDRESS	3700 Simms Street	
2.4 CITY-ST-ZIP	Hollywood FL 33021	

3.1 TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	William M. Glantz, M.D.	
3.3 STREET ADDRESS	2401 SW 131 Terrace	
3.4 CITY-ST-ZIP	Davie FL 33325	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption state 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

Daniel Glantz

1/12/98

(054) 929 4520

CR2E034 (10/97)