

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

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Apr 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P03571 (7)
 1. Corporation Name
PREMIUM FINANCING SPECIALISTS, INC.



Principal Place of Business 13520 WYANDOTTE PO BOX 13367 KANSAS CITY MO 64199 US	Mailing Address 13520 WYANDOTTE PO BOX 13367 KANSAS CITY MO 64199 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <u>333 West 11th Str.</u> Suite, Apt. #, etc. 22 <u>Suite 100</u> City & State 23 <u>Kansas City MO</u> Zip 24 <u>64105</u>		2a. Mailing Address 26 <u>333 West 11th Str</u> Suite, Apt. #, etc. 27 <u>Suite 100</u> City & State 28 <u>Kansas City MO</u> Zip 29 <u>64105</u>		3. Date Incorporated or Qualified <u>10/03/1984</u>	
		4. FEI Number <u>43-1039872</u>		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				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 _____ (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	P CHARBONNEAU, THOMAS J. 11800 W. 148TH STREET OLATHE KS	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	P 6411 Hillside Shawnee, KS 66218
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SOTOS, TIMOTHY S. 2504 W 70TH TERR SHAWNEE MSN KS	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	Vice President Bryan J Andres 5011 McCoy Shawnee, KS 66226
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST DARVEAUX, NORENE 1200 W. NETTLETON INDEPENDENCE MO	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MERRIMAN, MICHAEL A. 6435 INDIAN LANE SHAWNEE MISSION KS	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V FELLER, DAVID J. 867 EAST FIRST STREET PECULIAR MO	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MULLER, GARY L. 2102 W 67 TERRACE SHAWNEE MISSION KS	6.1 TITLE 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 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: Bryan J Andres VP 3-23-98 816-391-2352

CR2E034 (10/97)