


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

FILED
Feb 18, 1999 8:00am
Secretary of State

02-18-1999 90007 033 ***150.00



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P38133					
1. Corporation Name NETWORK PREMIUM FINANCE, INC.					
Principal Place of Business 2889 ELMWOOD DRIVE SMYRNA GA 30080			Mailing Address 2889 ELMWOOD DRIVE SMYRNA GA 30080		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/31/1992	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 58-1891076	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent ROBISON, RICHARD L. 5250 S. U.S. HWY 17-92 CASSELBERRY FL 32718-0895			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 _____ Signature, typed or printed name of registered agent and title if applicable.					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE <input type="checkbox"/> DELETE			1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME CP			1.2 NAME		
STREET ADDRESS DIAL, WILLIAM A., JR.			1.3 STREET ADDRESS		
CITY-ST-ZIP 910 SOUTH POWERS COURT			1.4 CITY-ST-ZIP		
CITY-ST-ZIP ATLANTA GA			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <input type="checkbox"/> DELETE			2.2 NAME		
NAME VCV			2.3 STREET ADDRESS		
STREET ADDRESS JOHNSTON, MARIANNE			2.4 CITY-ST-ZIP		
CITY-ST-ZIP 3966 FAIRINGTON DR.			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP MARIETTA GA			3.2 NAME		
TITLE <input type="checkbox"/> DELETE			3.3 STREET ADDRESS		
NAME T			3.4 CITY-ST-ZIP		
STREET ADDRESS YERRAMILI, JAY			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP 2889 ELMWOOD DRIVE			4.2 NAME		
CITY-ST-ZIP SMYRNA GA 30080			4.3 STREET ADDRESS		
TITLE <input type="checkbox"/> DELETE			4.4 CITY-ST-ZIP		
NAME DS			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS TEFT, DONALD E			5.2 NAME		
CITY-ST-ZIP 165 BRICKELBERRY DRIVE			5.3 STREET ADDRESS		
CITY-ST-ZIP ROSWELL GA			5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
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, with all other like empowered.

SIGNATURE: Jay Yerramilli Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/99 (770)436-7575

Date

Daytime Phone #

CR2E034 (11/98)