

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P92000010960 (2)**

1. Corporation Name

MADISON PREMIUM FINANCE CORP.



Principal Place of Business

**4901 NW 17TH WAY
SUITE 505
FT LAUDERDALE FL 33309**

Mailing Address

**4901 NW 17TH WAY
SUITE 505
FT LAUDERDALE FL 33309**

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

9. Name and Address of Current Registered Agent

**STEVEN WEINBERG
8000 PETERS RD
SUITE 505
PLANTATION FL 33309**

81 Name

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

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

12/09/1992

3a. Date of Last Report

03/15/1995

4. FEI Number

25-0374421

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

10. Name and Address of New Registered Agent

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 of Corporation Registered Agent

Signature of Registered Agent

DATE

12. OFFICERS AND DIRECTORS

1. TITLE **PD**
2. NAME **RICHMAN, GUY**
3. STREET ADDRESS **4901 NW 17TH WAY #505**
4. CITY-STATE-ZIP **FT LAUDERDALE FL 33309**
5. TITLE ☐ DELETE
6. NAME
7. STREET ADDRESS
8. CITY-STATE-ZIP
9. TITLE ☐ DELETE
10. NAME
11. STREET ADDRESS
12. CITY-STATE-ZIP
13. TITLE ☐ DELETE
14. NAME
15. STREET ADDRESS
16. CITY-STATE-ZIP
17. TITLE ☐ DELETE
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57. TITLE ☐ DELETE
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59. STREET ADDRESS
60. CITY-STATE-ZIP
61. TITLE ☐ DELETE
62. NAME
63. STREET ADDRESS
64. CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE **ADD**
2. NAME **Carolynn Friedman**
3. STREET ADDRESS **4901 NW 17th Way Ste 505**
4. CITY-STATE-ZIP **Ft. Lauderdale, FL 33309**
5. TITLE ☐ Change ☐ Addition
6. NAME
7. STREET ADDRESS
8. CITY-STATE-ZIP
9. TITLE ☐ Change ☐ Addition
10. NAME
11. STREET ADDRESS
12. CITY-STATE-ZIP
13. TITLE ☐ Change ☐ Addition
14. NAME
15. STREET ADDRESS
16. CITY-STATE-ZIP
17. TITLE ☐ Change ☐ Addition
18. NAME
19. STREET ADDRESS
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21. TITLE ☐ Change ☐ Addition
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25. TITLE ☐ Change ☐ Addition
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37. TITLE ☐ Change ☐ Addition
38. NAME
39. STREET ADDRESS
40. CITY-STATE-ZIP
41. TITLE ☐ Change ☐ Addition
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58. NAME
59. STREET ADDRESS
60. CITY-STATE-ZIP
61. TITLE ☐ Change ☐ Addition
62. NAME
63. STREET ADDRESS
64. CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Carolynn Friedman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CAROLYNN S. FRIEDMAN

X 1/21/92

19549209225

Date

Daytime Phone #

CR2E034 (12/95)