

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000040509 (0)**

1. Corporation Name

**MAIN STREET PREMIUM FINANCE COMPANY**



Principal Place of Business		Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
111 SOUTH 17TH AVENUE SUITE 107 HOLLYWOOD FL 33020 US		111 SOUTH 17TH AVENUE SUITE 107 HOLLYWOOD FL 33020 US		05/18/1993	02/28/1995
2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For		
21 111 South 17th Avenue	26 111 South 17th Avenue	65-0416763	Not Applicable		
22 No suite #	27 no suite #	5. Certificate of Status Desired	\$8.75 Additional Fee Required		
23 Hollywood, FL	28 Hollywood, FL	<input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution	
24 33020	25 United States	<input type="checkbox"/>		\$5.00 May Be Added to Fees	
29 33020	30 United States	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SHELDON, HARVEY 5201 RAVENSWOOD ROAD SUITE 107 FT LAUDERDALE FL 33312				81 Name	Wyman, Jason A		
				82 Street Address (P.O. Box Number is Not Acceptable)	111 South 17th Avenue		
				83			
				84 City	Hollywood,	85 FL	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: *Jason A. Wyman, Pres.* PRES. **JASON A. WYMAN, Pres.** 1/18/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	Plb <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WYMAN, JASON A	1.2 NAME	Wyman, Jason A
STREET ADDRESS	5201 RAVENSWOOD ROAD SUITE 107	1.3 STREET ADDRESS	5201 Ravenswood Road, Suite 107
CITY-STATE-ZIP	FT LAUDERDALE FL 33312	1.4 CITY-STATE-ZIP	Ft. Lauderdale, FL 33312
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHELDON, HARVEY A	2.2 NAME	Sheldon, Harvey A
STREET ADDRESS	5201 RAVENSWOOD ROAD SUITE 107	2.3 STREET ADDRESS	5201 Ravenswood Road, Suite 107
CITY-STATE-ZIP	FT LAUDERDALE FL 33312	2.4 CITY-STATE-ZIP	Ft. Lauderdale, FL 33312
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEMPHILL, JAMES A	3.2 NAME	Hemphill, James B
STREET ADDRESS	5201 RAVENSWOOD ROAD SUITE 107	3.3 STREET ADDRESS	5201 Ravenswood Road, Suite 107
CITY-STATE-ZIP	FT LAUDERDALE FL 33312	3.4 CITY-STATE-ZIP	Ft. Lauderdale, FL 33312
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLOYD, CHARLOTTE A	4.2 NAME	Floyd, Charlotte
STREET ADDRESS	5201 RAVENSWOOD ROAD SUITE 107	4.3 STREET ADDRESS	5201 Ravenswood Road, Suite 107
CITY-STATE-ZIP	FT LAUDERDALE FL 33312	4.4 CITY-STATE-ZIP	Ft. Lauderdale, FL 33312
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-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-STATE-ZIP		6.4 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: *Jason A. Wyman, Pres.* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **JASON A. WYMAN, Pres.** 1/18/96 954-963-6666

CR2E034 (12/95)