

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

FILED  
Apr 14 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P94000024685 (7)

1. Corporation Name  
OAK GROVE PREMIUM FINANCE, INC.



Principal Place of Business POB 52-2500 MIAMI FL 33125-2500	Mailing Address POB 52-2500 MIAMI FL 33125-2500
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/31/1994	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0485235	Applied For <input type="checkbox"/> Not Applicable
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 Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	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		10. Name and Address of New Registered Agent	
ASHER, JAMES G 7902 NW 36 ST STE 203 MIAMI FL 33166		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					
TITLE	D	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
NAME	ASHER, JAMES G	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	7902 NW 36 ST #203	1.2 NAME			
CITY-ST-ZIP	MIAMI FL 33166	1.3 STREET ADDRESS			
TITLE		1.4 CITY-ST-ZIP			
NAME		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS		2.2 NAME			
CITY-ST-ZIP		2.3 STREET ADDRESS			
TITLE		2.4 CITY-ST-ZIP			
NAME		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS		3.2 NAME			
CITY-ST-ZIP		3.3 STREET ADDRESS			
TITLE		3.4 CITY-ST-ZIP			
NAME		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS		4.2 NAME			
CITY-ST-ZIP		4.3 STREET ADDRESS			
TITLE		4.4 CITY-ST-ZIP			
NAME		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS		5.2 NAME			
CITY-ST-ZIP		5.3 STREET ADDRESS			
TITLE		5.4 CITY-ST-ZIP			
NAME		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS		6.2 NAME			
CITY-ST-ZIP		6.3 STREET ADDRESS			
TITLE		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:  4/10/98

CR2E034 (10/97)