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Feb 18, 1999 8:00am  
Secretary of State

02-18-1999 90029 016 \*\*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000045301

1. Corporation Name  
PACE PREMIUM FINANCE, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 19605 STATE ROAD 7, BOCA GREENS PLAZA-G, BOCA RATON FL 33498, US  
Mailing Address: 19605 STATE ROAD 7, BOCA GREENS PLAZA-G, BOCA RATON FL 33498, US

3. Date Incorporated or Qualified: 06/16/1994  
4. FEI Number: 65-0511396  
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 owes the current year Intangible Personal Property Tax: Yes No

2. Principal Place of Business (21-23)  
2a. Mailing Address (26-28)  
24. Zip 25. Country 29. Zip 30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FISCHER CPA STEVEN P  
300 S PINE ISLAND ROAD  
STE 110  
PLANTATION FL 33324

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City 85 Zip Code: FL

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

Table with 5 rows for Officers and Directors. Columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP, and a DELETED checkbox. Includes Brian M Samberg and Lori T Samberg.

Table with 5 rows for Additions/Changes to Officers and Directors. Columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP, and checkboxes for Change and Addition.

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: \_\_\_\_\_ DATE: 1-28-99 DAYTIME PHONE #: 954.739.3900

CR2E034 (1/1/98)