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Jan 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000050407 (2)

1. Corporation Name

NORTH AMERICAN PREMIUM CORPORATION

Principal Place of Business

4912 E HILLSBOROUGH AVE
TAMPA FL

Mailing Address

4912 E HILLSBOROUGH AVE
TAMPA FL 33610-4744



3. Date Incorporated or Qualified

06/26/1995

3a. Date of Last Report

07/18/1996

2. Principal Place of Business

21 14499 N Dale Mabry #755
Suite, Apt. #, etc.

22 Tampa FL

23 33615

24 Zip Country
25 USA

2a. Mailing Address

26 14499 N. Dale Mabry
Suite, Apt. #, etc.

27 #155

28 Tampa FL

29 Zip Country
30 USA

4. FEI Number

59-3327524

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

9. Name and Address of Current Registered Agent

ANDREWS, LANCE
2828 68TH TERRACE SOUTH
ST. PETERSBURG FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME CUCULICH, STEVEN A
STREET ADDRESS 4912 E HILLSBOROUGH AVE
CITY - ST - ZIP TAMPA FL

TITLE D ☐ DELETE
NAME FREEDLAND, ROGERS P JR
STREET ADDRESS 30 STIRRUP CUP COURT
CITY - ST - ZIP ST. CHARLES IL

TITLE D ☐ DELETE
NAME METTE, WILLIAM JR
STREET ADDRESS 3751 N MISSION HILLS RD
CITY - ST - ZIP NORTHBROOK IL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/3/97

Date

813-264-5900

Daytime Phone #

CR2E034 (9/96)