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

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # POSOC

P95000065125 (3)

E-Z PAY PREMIUM FINANCE, INC.  Principal Place of Business Mailing Address	
Principal Place of Business Mailing Address	SUT HEFT TOOL
Principal Place of Business Mailing Address	
325 N FEDERAL HWY 325 N FEDERAL HWY	
BOYNTON BEACH FL 33435 BOYNTON BEACH FL 33435	
US DO NOT WRITE IN THIS SPACE	
3. Date Incorporated or Qualifled	
08/23/1995	,
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9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent	
Od Name	
WATSON, CHARLES S	
6205 S.E. IRONWOOD CIRCLE 82 Street Address (P.O. Box Number is Not Acceptable)	
STUART FL 34997	
	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
I the control of the	
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 agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	s registered
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 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	s registered
SIGNATURE Signature, typed or printed name of registered agent and like if applicable. (NOTE Registered Agent signature required when reinstating)  DATE	<u>`</u>
SIGNATURE  Signature, typed or printed name of registered agent and litle if applicable. (NOTE Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	RS IN 12
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4. 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:

well Miswell whelf Sout

1/4/98 (561)782 2002

**FILED** 

Jan 29 1998 8:00am

Secretary of State