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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000065261

Country

9. Name and Address of Current Registered Agent

25

10691 N KENDALL DR, SUITE 304

GARNER, RANDOLPH

MIAMI FL 33176

1. Corporation Name

MAGNOLIA PREMIUM FINANCE, INC.

Principal Place of Business

Mailing Address

10691 N KENDALL DR. SUITE 304 MIAMI FL 33176

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23

24

Zip

10691 N KENDALL DR. SUITE 304

MIAMI FL 33176

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

28

29

Zip

Mar 26, 1999 8:00 am Secretary of State

03-26-1999 90009 040 ***150.00

	DO NOT WRITE IN THIS SPACE						
	3. Date incorporated or Qualifed 08/22/1995						
···	4. FEI Number 65-0635943		Applie Not Ap	d For			
	5. Certifcate of Status Desired		\$8.75 Additional				
	Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees				
	This corporation owes the curre Personal Property Tax.		☐ Yes ☐	No			
	10. Name and Address of New R	egistered A	gent				
Name							
Street A	ddress (P.O. Box Number is Not Accepta	ble)					
City			85 Zip Cod	e			
named c	orporation submits this statement for the atton's board of directors. I hereby accep	purpose of out the appoint	changing its reg tment as regist	istered ered			
signature rec	guired when reinstating)	DATE					
	ADDITIONS/CHANGES TO OF	FICERS AN		IN 12 Addition			
	•		☐ Change	Addition Addition			
ADDOESS							

office or r	to the provisions of Sections 607.0502 and 607.1508, Florida Statute egistered agent, or both, in the State of Florida. Such change was au m familiar with, and accept the obligations of, Section 607.0505, Flori	ithorized by the corporation s t	on submits this statement for the loard of directors. I hereby accep	purpose of changing its r of the appointment as reg	egistered istered
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	13.	ADDITIONS/CHANGES TO OF		
TITLE	PSTD DELETE	1.1 TITLE	•	☐ Change	Addition
NAME	GARNER, RANDOLPH	1.2 NAME			
STREET ADDRESS	10691 N KENDALL DR, SUITE 304	1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33176	1.4 CITY-ST-ZIP			
TITLE	VD DELETE	2.1 TITLE		☐ Change	Addition
NAME	WESTON, ADAM	2.2 NAME			
STREET ADDRESS	10691 N KENDALL DR, SUITE 304	2.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33176	2.4 CITY:ST:ZIP	<u></u>		
TITLE	☐ DELETE	3.1 TITLE	•	☐ Change	☐ Addition
NAME		32 NAME			
STREET ADDRESS		3.3 STREET ADDRESS			
CITY-ST-ZIP	<u></u>	3.4. CITY-ST-ZIP			
TITLE	☐ DELETE	4.1 TTLE	•	☐ Change	☐ Addition
NAME		4, 2 NAME			
STREET ADDRESS		4.3 STREET ADDRESS			
CITY-ST-ZIP		4.4 C/TY-ST-Z/P			
TITLE	☐ DELETE	5.1 TITLE		Change	☐ Addition
NAME		5.2 NAME			
STREET ADDRESS		5.3 STREET ADDRESS			
CITY-ST-ZIP		5.4 CITY-SY-ZIP			
TITLE	☐ DELETE	6.1 TITLE		☐ Change	Addition
NAME	·	6.2 NAME			
STREET ADDRESS		6.3 STREET ADORESS			
CITY-ST-ZIP		6.4 CITY-ST-ZIP			
	partify that the information supplied with this filing does not qualify for	the exemption stated in Section	on 119 07/3\(ii) Florida Statutes	I further certify that the in	nformation

Country

81 Name

82

83 84 City

30

Indicated on this annual report or supplies with this iming does not qualify for the exemption stated in Section 119.07(3)(f), Fiorida Statutes. I further certify that I am an 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 of 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: