FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

P95000081767 (2) **DOCUMENT #**

1. Corporation Name

INSURANCE	PREMIUM	FUNDING	INC.
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INSURAI	NCE PREMIUM FUNDIN	IG INC										
Principal Place of Business Mailing Address 2400 MAITLAND CENTER PARKWAY SUITE 315												
	SUITE 315 MAITLAND FL 32751 MAITLAND FL 32751						3. Date Incorporated or Qualified 10/24/1995	3a. [Date of Last	Report		
							4 FEI Number			Applied For		
Principal Place	Principal Place of Bosiness 1			Mailing Address			59-3346	95		Not Applicable		
Suite, Apt. #, 6	etc.	⊢ -1	Apt. #, etc.				5. Certificate of Status Desired			75 Additional e Required		
City & State		City 8.5	State				Election Campaign Financing Trust Fund Contribution			.00 May Be		
3		28					This corporation has liability for	r intannit				
Zip ———	Country	Zip		Cour	ntry		Florida Statutes	s 120 N	0			
ה ·	25	29		[30]			10. Name and Address of New					
	9. Name and Address of Cur	rent Registered A	gent		81	Name	The state of the s					
					82		dress (P.O. Box Number is Not Acceptable)					
GEORGE, JOHN 2400 MAITLAND CENTER PARKWAY						·						
					83							
SUITE 315 MAITLAND FL 32751				84	City			EL 85	Zip Code			
					İ				of changing	its registered office		
familiar With	i, and accept the obligate is on a	alpertain the Capell Abbi					oration submits this statement for the aird of directors. I hereby accept the a aird while resistance ADDITIONS/CHANGES TO 0		ATE S AND DIFFE	CTORS IN 12		
12.		AND DIRECTORS	DELETE		HILE				☐ Cha	inge		
TITLE	PSTD		L bettere	1	AME							
NAME	GEORGE, JOHN	O DADIVINAV CI	IITE 21A			T ADDRESS						
STREET ADDRESS	2400 MAITLAND CENTE	H PANNWAI, S	0116 310	- 4		S1 - 21P						
CITY-ST-7IP	MAITLAND FL 32751		TT DELETE		TITLE				Cha	ange 🔲 Addition		
TITLE	İ		F7) 24-1- 1	221	NAMÉ							
NAME				233	STREE	ET ADDRESS						
STREET ADDRESS						-ST-7/P				Addition		
CITY - ST - ZIP	ļ		DELETE		HIL				/ 🗆 Ch	ange 🔲 Addition		
TITLE				3?	NAMI	E Ì		1	1127	146.0		
NAME				3 3	STE	EET ADDRESS		~	11 -	and_		
STREET ADDRESS				3.4	CITY	S1 - ZIF				nange Additio		
C(TY - ST - ZIP			DELETE	4 5	TITL	E	-		☐ Cr	iangs 🔲 Additio		
TITLE				4.2	NAM	E						
NAME				43	STRE	ET ADDRESS						
STREET ADDRESS						- ST-ZIP				nge Additio		
CITY-ST-ZiP			DELETE		1 T II		400001 -04/29/96	red i	L SOM	Hange L. Mudric		
TITLE			<u></u>	5.2	NAM	AE	-04/29/96	01022	1.00			
NAME.	1						***600.00					

14. If do hereby certify that the information supplied with this fang is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes I further certify that the information fundamental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information fundamental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if thanged, or on an attachment with an apprecia

5.4 CITY - ST - ZIP

6.3 STREET ADDRESS

6 i Hill

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SCHING OFFICER OR DIRECTOR

DELETE

4/19/94 (407)667-0023

0045158

Addit-on

Change

CP