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FILED  
May 19 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 # P96000004718 (8)  
1. Corporation Name  
NORTHWEST PREMIUM FINANCE SERVICES, INC.



Principal Place of Business  
101 NORTH MONROE STREET  
SUITE 900  
TALLAHASSEE FL 32302-0229

Mailing Address  
101 NORTH MONROE STREET  
SUITE 900  
TALLAHASSEE FL 32301-1546

2. Principal Place of Business  
21 I.N.E. 167TH ST  
Suite, Apt. #, etc.

2a. Mailing Address  
26 I.N.E. 167TH ST  
Suite, Apt. #, etc.

22 City & State  
23 NORTH MIAMI BCH, FL  
Zip Country  
24 33162 25 USA

27 City & State  
28 NORTH MIAMI BCH, FL  
Zip Country  
29 33162 30 USA

3. Date Incorporated or Qualified  
01/16/1996

3a. Date of Last Report

4. FEI Number  
65-0634706

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

10. Name and Address of New Registered Agent

GALLOWAY, CLYDE W JR.  
101 NORTH MONROE STREET  
SUITE 900  
TALLAHASSEE FL 32301

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  
NAME JOSEPH, MARTIN W  
STREET ADDRESS 1000 ISLAND BOULEVARD, APT. 1003  
CITY-ST-ZIP WILLIAMS ISLAND FL 33160

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT, SECRETARY & TREASURER  
1.2 NAME JOSEPH, MARTIN W.  
1.3 STREET ADDRESS 1000 ISLAND BLVD APT 1003  
1.4 CITY-ST-ZIP WILLIAMS ISLAND, FL 33160

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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:

M. J. W. Joseph

4-29-97

305-1632-9700

CR2E034 (9/96)