

02241999-90055-010-\$158.75-\$158.75

**FILED**  
**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90055 010 \*\*\*158.75

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
--	---	---

**DOCUMENT # P98000029638**

1. Corporation Name

**ASSURED PREMIUM FINANCE CORPORATION**

Principal Place of Business  
 3716 SOUTH MILITARY TRAIL  
 LAKE WORTH FL 33461

Mailing Address  
 3716 SOUTH MILITARY TRAIL  
 LAKE WORTH FL 33461



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>03/31/1998</b>	
21. <b>2393 S. Congress Ave</b>		26. <b>P.O. Box 5417</b>		4. FEI Number <b>65-0833962</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
22. City & State <b>West Palm Beach, FL</b>		27. City & State <b>Lake Worth, FL</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23. Zip <b>33406</b>		28. Zip <b>33466-5417</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
25. Country <b>USA</b>		30. Country <b>USA</b>		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>KAPLAN, MARK E</b> <b>106 EAST COLLEGE AVENUE</b> <b>SUITE 1200</b> <b>TALLAHASSEE FL 32301</b>		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Finkelstein, Myron H	1.2 NAME	
STREET ADDRESS	10451 W. Broward Blvd B2-109	1.3 STREET ADDRESS	
CITY-ST-ZIP	Plantation, FL 33324	1.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Murstein, Paul C	2.2 NAME	
STREET ADDRESS	250 Park Ave, Suite 2030	2.3 STREET ADDRESS	
CITY-ST-ZIP	New York, NY 10017	2.4 CITY-ST-ZIP	
TITLE	CD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Seaman, Carl	3.2 NAME	
STREET ADDRESS	250 Park Ave, Suite 2030	3.3 STREET ADDRESS	
CITY-ST-ZIP	New York, NY 10017	3.4 CITY-ST-ZIP	
TITLE	TV <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Blake, James W	4.2 NAME	
STREET ADDRESS	2358 Sunderland Ave	4.3 STREET ADDRESS	
CITY-ST-ZIP	Wellington, FL 33414	4.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Prendamano, Joseph G	5.2 NAME	
STREET ADDRESS	718 Juniper Place	5.3 STREET ADDRESS	
CITY-ST-ZIP	Wellington, FL 33414	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 attached sheet with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)