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PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S35930** (4)

1. Corporation Name

STATE DISCOUNT PREMIUM FINANCE, INC.

Principal Place of Business

17982 SW 97TH AVE
MIAMI, FL 33157
US

Mailing Address

7421 RALIEGH ST.
HOLLYWOOD, FL 33024
US



2. Principal Place of Business

2a. Mailing Address

21 10691 N. KENDALL DR.

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 304

27 Suite, Apt. #, etc.

City & State

28 City & State

23 MIAMI, FLORIDA

Zip

Country

Zip

Country

24 33176

25 Dade

29

30

9. Name and Address of Current Registered Agent

SHEPHERD, JOANNE
7421 RALEIGH ST.
HOLLYWOOD FL 33024

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 filer, if applicable

(If filer is not the registered agent, filer's name must be typed or printed)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

1.2 TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

1.3 TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

1.4 TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

1.5 TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

1.6 TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

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 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 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:

Joanne Shepherd
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-96

305-962-5320

Date

Daytime Phone #

CR2E034 (12/95)