

FILED



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

May 14 1997 8:00am
Secretary of State

DOCUMENT # S39004
1. Corporation Name
PREMIUM DISCOUNT BROKERS, INC.

(4)

Principal Place of Business
3200 NORTH MILITARY TRAIL
SUITE 210
BOCA RATON FL 33431

Mailing Address
3200 NORTH MILITARY TRAIL
SUITE 210
BOCA RATON FL 33431-6310

3. Date Incorporated or Qualified 03/18/1991		3a. Date of Last Report 03/29/1996	
4. FEI Number 65-0417877		Applied For	
		Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

2. Principal Place of Business

2a. Mailing Address

21	Suite, Apt. #, etc.
22	SUITE 300
	City & State

26	Suite, Apt. #, etc.
27	SUITE 300
	City & State

Zip	Country
24	25

Zip	Country
29	30


9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LENTS, JOSEPH
3200 NORTH MILITARY TRAIL
SUITE 210
BOCA RATON FL 33431

81	Name	JOSEPH LENTS
82	Street Address (P.O. Box Number is Not Acceptable)	PREMIUM DISCOUNT BROKERS, INC.
83		3200 N. MILITARY TRAIL, SUITE 300
84	City	BOCA RATON
		FL
		85 Zip Code 33431

11. Pursuant to the provisions of Sections 607.0507 and 607.3508, 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 	Joseph Lents	04/30/97
Signature, typed or printed name of registered agent and title if applicable.		DATE
(NOTE: Registered Agent's signature required when re-installing)		

(NOTE Registered Agent's signature required when re-instating)

DATE _____

12. OFFICERS AND DIRECTORS

12.	OFFICERS AND DIRECTORS	<input type="checkbox"/> DELETE
TITLE	D	
NAME	LENTS, JOSEPH	
STREET ADDRESS	3200 NORTH MILITARY TR.	
CITY - ST - ZIP	BOCA RATON FL	

TITLE	<input type="checkbox"/> DELFT
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	3200 N. MILITARY TRAIL, SUITE 300
1.4 CITY - ST - ZIP	BOCA RATON, FL 33431

2 1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
2 2 NAME		
2 3 STREET ADDRESS		
2 4 CITY - ST - ZIP		

3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY- ST- ZIP		

4 1 TITLE ☐ Change ☐ Addition

4 2 NAME

4 3 STREET ADDRESS

4 4 CITY - ST - ZIP

5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		

6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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: Joseph Jents Joseph Jents 04/30/07 (561) 907 5920

CR2E034 (9/96)