

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

DOCUMENT # **S47266** (9)
1. Corporation Name
STANDARD PREMIUM FINANCE MANAGEMENT CORPORATION



Principal Place of Business
**3301 NE 2ND AVE
MIAMI FL 33137**

Mailing Address
**3301 NE 2ND AVE
MIAMI FL 33137**

3. Date Incorporated or Qualified
04/23/1991

3a. Date of Last Report
03/28/1995

4. FET Number
65-0259290

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

2. Principal Place of Business
21 **9485 Sunset Dr**
Suite, Apt. #, etc.
22 **A-270**
City & State
23 **Miami, FL 33173**
Zip Country
24 **33173** 25 **U.S.A.**

2a. Mailing Address
26 **9485 Sunset Dr.**
Suite, Apt. #, etc.
27 **A-270**
City & State
28 **MIAMI, FL**
Zip Country
29 **33173** 30 **U.S.A.**

9. Name and Address of Current Registered Agent
**TAFFER, JACK J, ESQ
3301 NE 2ND AVE
MIAMI FL 33137**

10. Name and Address of New Registered Agent

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	NAME	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> DELETE	COB	BOATWRIGHT, LEONARD M JR	3301 NE 2ND AVE 15410 S.W. 84TH AVE
<input type="checkbox"/> DELETE	D	BOATWRIGHT, LEONARD M JR	3301 NE 2ND AVE 15410 S.W. 84TH AVE
<input type="checkbox"/> DELETE	PD	KOPPELMANN, W.J.	3301 NE 2ND AVE 13250 S.W. 96 Str.
<input type="checkbox"/> DELETE	TD	TAPPAN, A.R.	3301 NE 2ND AVE
<input type="checkbox"/> DELETE			
<input type="checkbox"/> DELETE			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	S	ISABEL E. OCPIO	660 S.W. 57 AVE #22
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	DT	BOATWRIGHT, LEONARD M JR	15410 S.W. 84TH STREET
<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TD	TAPPAN, ANTHONY R.	9240 S.W. 78 COURT
<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Change <input type="checkbox"/> Addition			

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/30/96

CR2E034 (12/95)

AL 5/1/96