FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Apr 23 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 # **S47266** **(9)**

1. Corporation Name
STANDARD PREMIUM FINANCE MANAGEMENT CORPORATION

Principal Place of Business	Mailing Address
9485 SUNSET DR. A-270 MIAMI FL 33173	9485 SUNSET DR. A-270 MIAMI FL 33173-3226

3. Date Incorporated or Qualified: 04/23/1991
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21 16155 SW 117 AVE.
22 Suite, Apt. #, etc. Bay B-15
23 City & State: Miami, FL
24 Zip: 33177 25 Country: U.S.A.

2a. Mailing Address
26 16155 SW 117 AVE
27 Suite, Apt. #, etc. Bay B-15
28 City & State: Miami, FL
29 Zip: 33177 30 Country: U.S.A.

4. FEI 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

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: LEONARD BOATWRIGHT
82 Street Address (P.O. Box Number is Not Acceptable): 16155 SW 117 AVE
83 SUITE B-15
84 City: MIAMI FL 85 Zip Code: 33177

11. Pursuant to the provisions of Section 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: (LEONARD BOATWRIGHT) 2/10/97
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 / NAME / STREET ADDRESS / CITY-ST-ZIP		DELETE		Change	Addition
TITLE	CEO	☐	1.1 TITLE	DIRECTOR	☐ ☐
NAME	BOATWRIGHT, LEONARD M JR		1.2 NAME	GREGORY CAREY	
STREET ADDRESS	15410 SW 84TH AVE		1.3 STREET ADDRESS	9625 DOMINICAN	ADDITION
CITY-ST-ZIP	MIAMI FL 33153		1.4 CITY-ST-ZIP	MIAMI, FL	
TITLE	DT	☐	2.1 TITLE		☐ ☐
NAME	BOATWRIGHT, LEONARD M JR		2.2 NAME	SAME	
STREET ADDRESS	15410 SW 84TH AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP		
TITLE	PD	☐	3.1 TITLE		☐ ☐
NAME	KOPPELMANN, W.J.		3.2 NAME	SAME	
STREET ADDRESS	13250 SW 96 STREET		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33186		3.4 CITY-ST-ZIP		
TITLE	S	☐	4.1 TITLE		☐ ☐
NAME	OCEJO, ISABEL E		4.2 NAME	SAME	
STREET ADDRESS	660 SW 57 AVE #22		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP		
TITLE	DT	☐	5.1 TITLE	DIRECTOR	☐ ☑
NAME	BOATWRIGHT, LEONARD M JR		5.2 NAME	RONALD JACOBS	
STREET ADDRESS	15410 SW 84TH ST		5.3 STREET ADDRESS	3950 N. 43RD AVE	
CITY-ST-ZIP	MIAMI FL 33157		5.4 CITY-ST-ZIP	HOLLYWOOD, FL 33021	
TITLE		☐	6.1 TITLE D	DONNA YOUNG	☐ ☑
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS	3729 SW 91 AVE	DIRECTOR
CITY-ST-ZIP			6.4 CITY-ST-ZIP	MIAMI, FL 33165	

CR2E034 (9/96)

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 added on an attachment with an address.

SIGNATURE: (LEONARD BOATWRIGHT) 2/10/97 305 232-7040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0234201