

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 03, 1999 8:00 am**  
**Secretary of State**

03-03-1999 90069 017 \*\*\*150.00

DOCUMENT # **S47266**

1. Corporation Name

**STANDARD PREMIUM FINANCE MANAGEMENT CORPORATION**

Principal Place of Business

16155 SW 117 AVE  
BAY B-15  
MIAMI FL 33173  
US

Mailing Address

16155 SW 117 AVE  
BAY B-15  
MIAMI FL 33173  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**04/23/1991**

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

**BOATWRIGHT, LEONARD**  
**16155 SW 117 AVE**  
**STE. B-15**  
**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 ☐ DELETE

NAME **D**  
**CAREY, GREGORY**  
STREET ADDRESS **9625 DOMINICAN**  
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME **D**  
**BOATWRIGHT, LEONARD M JR**  
STREET ADDRESS **15410 SW 84TH AVE**  
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME **PD**  
**KOPPELMANN, W.J.**  
STREET ADDRESS **13250 SW 96 STREET**  
CITY-ST-ZIP **MIAMI FL 33186**

TITLE ☐ DELETE

NAME **S**  
**OCEJO, ISABEL E**  
STREET ADDRESS **660 SW 57 AVE #22**  
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME **D**  
**JACOBS, RONALD**  
STREET ADDRESS **3950 N. 43RD AVE**  
CITY-ST-ZIP **HOLLYWOOD FL**

TITLE ☒ DELETE

NAME **D**  
**YOUNG, DONNA**  
STREET ADDRESS **3729 SW 91 AVE**  
CITY-ST-ZIP **MIAMI F**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ 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 ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 attachment with an address, with all other like empowered.

SIGNATURE:

**W. J. KOPPELMANN**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**1/22/99**  
Daytime Phone # **(305) 232-7040**

CR2E034 (1/98)