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FILED

Jan 14 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 # S67434 (8)

1. Corporation Name  
COMMERCIAL PREMIUM FINANCE, INC.

Principal Place of Business

304 N.E. ELM TERR  
JENSEN BEACH FL 34957

Mailing Address

COMMERCIAL PREMIUM FINANCE, INC.  
P.O. BOX 2603  
JENSEN BCH. FL 34958-2603  
US

3. Date Incorporated or Qualified  
07/17/1991

3a. Date of Last Report  
01/24/1996

2. Principal Place of Business

21 2362 NW Bay Colony Ct.

Suite, Apt. #, etc.

City & State

23 Stuart, FL

Zip

24 34994

Country

25 US

2a. Mailing Address

26 (same as above)

Suite, Apt. #, etc.

City & State

27

Zip

29

Country

30

4. FEI Number

65-0272499

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

WORON, NANCY  
304 N.E. ELM TERRACE  
JENSEN BEACH FL 34957

new  
address }

10. Name and Address of New Registered Agent

81 Name

Woron, Nancy

82 Street Address (P.O. Box Number is Not Acceptable)

2362 NW Bay Colony Ct.

83

City

Stuart

FL

85 Zip Code

34994

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

Nancy P. Woron

1/4/97

See 11.01 for other provisions of law and rules applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE

NAME WORON, NANCY P.  
STREET ADDRESS 304 N.E. ELM TERRACE  
CITY- ST- ZIP JENSEN BEACH FL

TITLE DS ☐ DELETE

NAME WORON, DANIEL A.  
STREET ADDRESS 304 N.E. ELM TERRACE  
CITY- ST- ZIP JENSEN BEACH FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D,P ☒ Change ☐ Addition  
to address only

1.2 NAME WORON, Nancy P.  
1.3 STREET ADDRESS 2362 NW Bay Colony Ct.  
1.4 CITY- ST- ZIP Stuart, FL 34994

2.1 TITLE D,S ☒ Change ☐ Addition  
to address only

2.2 NAME WORON, Daniel A.  
2.3 STREET ADDRESS 2362 NW Bay Colony Ct.  
2.4 CITY- ST- ZIP Stuart, FL 34994

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 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:

Nancy P. Woron

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/97 (561)878 7276

Date

Daytime Phone #

0474354

CR2E034 (9/96)