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 # **S74939** **(7)**

1. Corporation Name

ADVANTAGE PREMIUM FINANCE CORPORATION

Principal Place of Business	Mailing Address
14250 SW 73RD ST. MIAMI FL 33183	14250 SW 73RD ST. MIAMI FL 33183

3. Date Incorporated or Qualified: 08/21/1991
3a. Date of Last Report: 06/12/1995

4. FEI Number: 65-0298533 ☐ 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	2a. Mailing Address
21 109 SUNSET DRIVE	26 109 SUNSET DRIVE
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 NOKOMIS, FLORIDA	City & State 28 NOKOMIS, FLORIDA
Zip 24 34275 Country 25 U.S.A.	Zip 29 34275 Country 30 U.S.A.

9. Name and Address of Current Registered Agent

FORMAN, MICHAEL W
14250 SW 73 STREET
MIAMI FL 33183

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 109 SUNSET DRIVE
83
84 City NOKOMIS FL 85 Zip Code 34275

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, this above named corporation's delete 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, type/print name of new registered agent (required) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☑ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	LEVINE, MICHAEL G.		1.2 NAME		
STREET ADDRESS	21131 NE 19TH AVE.		1.3 STREET ADDRESS		
CITY-ST-ZIP	N. MIAMI BCH FL		1.4 CITY-ST-ZIP		
TITLE	CP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	FORMAN, MICHAEL W.		2.2 NAME		
STREET ADDRESS	14250 SW 73RD ST.		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(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: [signature] 5/21/96 (941) 486-0207

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #