

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V12317

1. Corporation Name: **New World Premium Finance Company Inc.**

Principal Place of Business: **4900 W. Atlantic Blvd. Margate, FL 33063**
Mailing Address: **5120 N.E. 27th Terrace Lighthouse Point, FL 33064**

3. Date Incorporated or Qualified: **2-6-92** 3a. Date of Last Report: **8-14-95**
4. FEI Number: **65-0374765** Applied For: Not Applicable:
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financials: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 190.032 Florida Statutes: Yes No

2. Principal Place of Business: 21 State App. # _____ 26 Mailing Address: _____
22 City & State: _____ 27 City & State: _____
23 Zip: _____ Country: _____ 28 Zip: _____ Country: _____
24 _____ 25 _____ 29 _____ 30 _____

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: _____

9. Name and Address of Current Registered Agent
D'Agostino, John
5120 N.E. 27th Terrace
Lighthouse Point, FL 33064

11. Pursuant to the provisions of Section 607.011, Florida Statutes, the above named corporation, subject to this statement for the purpose of changing its registered office to the registered agent or to the State of Florida. Such change was authorized by the corporation's board of directors. Thereby to accept the appointment as registered agent. I am familiar with and so certify the corporation of Section 607.011, Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS

NAME	P D'Agostino, Catherine F.	<input type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
STREET ADDRESS	5120 NE 27th Terrace	
CITY & STATE	Lighthouse Point, FL 33064	
NAME	S Agostino D'Agostino, John	<input type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
STREET ADDRESS	5120 NE 27th Terrace	
CITY & STATE	Lighthouse Point, FL 33064	
NAME		<input type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
STREET ADDRESS		
CITY & STATE		
NAME		<input type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
STREET ADDRESS		
CITY & STATE		
NAME		<input type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
STREET ADDRESS		
CITY & STATE		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN YEAR

NAME		<input type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
STREET ADDRESS		
CITY & STATE		
NAME		<input type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
STREET ADDRESS		
CITY & STATE		
NAME		<input type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
STREET ADDRESS		
CITY & STATE		
NAME		<input type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
STREET ADDRESS		
CITY & STATE		

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14. I, the undersigned, certify that the information furnished herein is true and correct to the best of my knowledge and belief, and that the corporation is not delinquent in its obligations to the State of Florida. I am familiar with and so certify the corporation of Section 607.011, Florida Statutes.

SIGNATURE: **John D. Agostino** 8-5-96 (954) 971-2406
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **8/8/96**

CR2E034 (3/96)