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CORPORATION ANNUAL REPORT

1997



appears in Block 12 or Block 13 if changed, or on an attachment with an address.

AME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FLORIDA DEPARTMENT OF STATE

FILED

Apr 23 1997 8:00am

Secretary of State

Daytime Ptione #

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V12317

(6)

NEW WORLD PREMIUM FINANCE COMPANY, INC.

Principal Place of Business Mailing Address 5120 N.E. 27TH TERRACE 4900 W. ATLANTIC BLVD. MARGATE FL 33083 LIGHHOUSE POINT FL 33064-7825 3. Date Incorporated or Qualified 3a. Date of Last Report 02/06/1992 08/08/1996 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 65-0374765 26 Not Applicable 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Regulred 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 23 This corporation has liability for intengible tax under s. 199.032. Zip Country Country Zio Yes No Florida Statutes 30 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Ai Name D'AGOSTINO, JOHN 5120 NE 27 TERR. Street Address (P.O. Box Number is Not Acceptable) LIGHTSE PT. FL 33064 83 City 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 INOTE: Registered Agent signature required when reinstating) Signature, typed or praced name of registered agent and title it applicable. (96/6)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12 Change Addition DELETE 1.1 TITLE DUE D'AGOSTINO, CATHERINE F 1.2 NAME NAME 5120 NE 27 TERR. STREET ADDRESS 1.3 STREET ADDRESS LIGHTSE PT. FL 33064 1.4 City-ST-ZIP CITY - \$1 - 70° ☐ Change Addition DELETE 2.1 TITLE TILLE D'AGOSTINO, JOHN 2.2 NAME NAME 5120 NE 27 TERR. 2.3 STREET ADDRESS STREET ADDRESS LIGHTSE PT. FL 33064 2. 4 CITY-ST-ZIP City - \$1 - 71P Addition Addition DELETE THE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 34 CITY-ST-ZIP Addition Change ■ DELETE 4.1 TITLE 1171 F 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ACCORES 4.4 CITY-ST-ZIP CHY-SI-ZIF Addition DELETE 5.1 TITLE TUBLE 5.2 NAME ≥ NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 CITY-ST-ZIP CITY-ST ZII DELETE 61 TITLE Change THUE 400002154444 -04/25/97--01004--064 62 NAME .. NAME 63 STREET ADDRESS STREET ADDRESS ***165.00 CITY-ST 7.P 14. Lide 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