

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

FILED  
May 01 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # V12317 (6)  
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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 530 S. FEDERAL HWY.		26		02/06/1992	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 202		27		65-0374765	
City & State		City & State		Applied For	
23 Deerfield Beach, FL		28		Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
24 33441		29		X \$8.75 Additional Fee Required	
County		Country		6. Election Campaign Financing	
25 USA		30		Trust Fund Contribution	
				7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
				Yes No	

9. Name and Address of Current Registered Agent

D'AGOSTINO, JOHN  
5120 NE 27 TERR.  
LIGHTSE PT. FL 33064

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	
NAME	D'AGOSTINO, CATHERINE F	1.2 NAME	
STREET ADDRESS	5120 NE 27 TERR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	LIGHTSE PT. FL 33064	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	
NAME	D'AGOSTINO, JOHN	2.2 NAME	
STREET ADDRESS	5120 NE 27 TERR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	LIGHTSE PT. FL 33064	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE \_\_\_\_\_ 6/21/98 9:44 427.22 88

CR2E034 (10/97)