

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 # V12785 (4)

1. Corporation Name

ALL-PREMIUM FINANCE MANAGEMENT INC.



Principal Place of Business

Mailing Address

~~17982 SW 97 AVE~~  
~~MIAMI FL 33157~~  
US

~~17982 SW 97 AVE~~  
~~MIAMI FL 33157~~  
US

3. Date Incorporated or Qualified  
02/07/1992

3a. Date of Last Report  
03/02/1995

2. Principal Place of Business

2a. Mailing Address

21 8900 SW 117 Ave C-103

26 8900 SW 117 Ave C-103

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 C-103

27 C-103

City & State

City & State

23 Miami, FL

28 Miami, FL

24 33186

25 USA

29 33186

30 USA

4. FEI Number

65-0313585

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

10. Name and Address of New Registered Agent

MACDOUGALL EDWARD P.  
17982 SW 97 AVE  
MIAMI FL 33157

81 Name

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

8900 SW 117 Ave C-103

83

84 City

FL

85 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

Signature typed or printed name of registered agent and the day of filing

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD ☐ DELETE  
NAME MACDOUGALL EDWARD P.,  
STREET ADDRESS 17982 SW 98 CT  
CITY-ST-ZIP MIAMI FL

TITLE VSD ☒ DELETE  
NAME LILLY, JAQUELINE M  
STREET ADDRESS 17982 SW 97 AVE  
CITY-ST-ZIP MIAMI 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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, unchanged, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-96 305  
271-9800

CR2E034 (12/95)