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 # **V61309** (3)

1. Corporation Name

QUANTUM PREMIUM FINANCE CORPORATION

Principal Place of Business
8600 PINES BLVD
PEMBROKE PINES FL 33024

Mailing Address
8600 PINES BLVD
PEMBROKE PINES FL 33024

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified: 09/02/1992
3a. Date of Last Report: 05/01/1995
4. FEI Number: 65-0362902 ☐ 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

MAROONE, MICHAEL E.
8600 PINES BLVD
PEMBROKE PINES FL 33024

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

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: Michael E. Maroone MICHAEL E. MAROONE 4-30-96
Signature, typed or printed name of registered agent and title if applicable (Note: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	CD	☐ DELETE
NAME	MAROONE, ALBERT E.	
STREET ADDRESS	8600 PINES BLVD	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	PSTD	☐ DELETE
NAME	MAROONE, MICHAEL E.	
STREET ADDRESS	8600 PINES BLVD	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	VPCF	☐ DELETE
NAME	REESE, DONALD J.	
STREET ADDRESS	2682 EDGEWATER COURT	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	VP	☐ DELETE
NAME	HODGEN, BRADLEY N.	
STREET ADDRESS	729 CRYSTAL COURT	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	VPGM	☐ DELETE
NAME	GRAHAM, KENNETH	
STREET ADDRESS	410 ALEXANDRIA CIRCLE	
CITY-ST-ZIP	FT LAUDERDALE FL	
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 if changed, or on an attachment with an address.

SIGNATURE: [signature] 4-29-96 (954) 433-3300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Michael E. Maroone

CR2E034 (12/95)