

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

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90141 023 \*\*\*150.00

DOCUMENT # P23772

1. Corporation Name CLUB CAR ACCEPTANCE CORPORATION



Principal Place of Business: 200 CHESTNUT RIDGE RD WOODCLIFF LAKE NJ 07675 US  
Mailing Address: 200 CHESTNUT RIDGE RD ATTN: TAX DEPT. WOODCLIFF LAKE NJ 07675 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/07/1989  
4. FEI Number: 13-3488925  
5. Certificate of Status Desired: \$8.75 Additional Fee Required  
6. Election Campaign Financing: \$5.00 May Be Added to Fees  
8. This corporation owes the current year Intangible Personal Property Tax: Yes

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

9. Name and Address of Current Registered Agent: CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324

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: Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	1.1 TITLE	
NAME	HARRIS, MICHAEL W.	1.2 NAME	
STREET ADDRESS	4152 WASHINGTON RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	MARTINEZ GA	1.4 CITY-ST-ZIP	
TITLE	PCOO	2.1 TITLE	
NAME	MILLER, A. MONTAGUE	2.2 NAME	
STREET ADDRESS	4152 WASHINGTON RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	MARTINEZ GA	2.4 CITY-ST-ZIP	
TITLE	CCEO	3.1 TITLE	
NAME	INMAN, GEORGE H.	3.2 NAME	Charles Irminger
STREET ADDRESS	4152 WASHINGTON RD	3.3 STREET ADDRESS	4152 Washington Road
CITY-ST-ZIP	MARTINEZ GA	3.4 CITY-ST-ZIP	Martinez, GA 30907
TITLE	VP	4.1 TITLE	
NAME	RIVERS, CARY H.	4.2 NAME	Henry T. Sanders
STREET ADDRESS	4152 WASHINGTON RD	4.3 STREET ADDRESS	4152 Washington Road
CITY-ST-ZIP	MARTINEZ GA	4.4 CITY-ST-ZIP	Martinez, GA 30907
TITLE	VP	5.1 TITLE	
NAME	MCCLURE, T. MARK	5.2 NAME	Charles E. Twilley
STREET ADDRESS	4152 WASHINGTON RD	5.3 STREET ADDRESS	4152 Washington Road
CITY-ST-ZIP	MARTINEZ GA	5.4 CITY-ST-ZIP	Martinez, GA 30907
TITLE	SD	6.1 TITLE	
NAME	HELLER, RONALD G	6.2 NAME	
STREET ADDRESS	200 CHESTNUT RIDGE AVE	6.3 STREET ADDRESS	
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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 for on an attachment with an address, with all other like empowered.

SIGNATURE: *Kenneth W. Liljeback* KENNETH W. LILJEBACK 4/14/99 (201) 573-3352  
Date Daytime Phone #  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER ATTORNEY-IN-FACT

CR2E034 (11/98)