FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 21 PM 2:41

DOCUMENT # S00844 (8)

1. Corporation Name
CREDIT MANAGEMENT ACCEPTANCE CORPORATION

Principal Place of Business	Mailing Address
8400 US HWY 19 SO PINELLAS PARK FL 34665 US	2065 GULF TO BAY BLVD CLEARWATER FL 34625-3711 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/19/1990
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21: 8400 US Hwy 19 N.
22: Suite, Apt. #, etc.
23: City & State
24: Zip 34666
25: Country

2a. Mailing Address
26:
27: Suite, Apt. #, etc.
28: City & State
29: Zip
30: Country

4. FEI Number: 59-3052102 ☐ 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

MARQUARDT, EMIL C., JR.
400 CLEVELAND STREET
SUITE 800
CLEARWATER FL 34615

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☒ Change ☐ Addition
NAME	WILKERSON, SCOTT A.	1.2 NAME		
STREET ADDRESS	940 ELDORADO BLVD	1.3 STREET ADDRESS	138 BUENA VISTA DR.	
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP	DUNEDIN, FL 34698	
TITLE	TVD	2.1 TITLE	C/D	☒ Change ☐ Addition
NAME	CARLISLE, DANIEL W.	2.2 NAME		
STREET ADDRESS	426 ST ANDREWS DR	2.3 STREET ADDRESS		
CITY-ST-ZIP	BELLEAIR FL	2.4 CITY-ST-ZIP	34616	
TITLE	SD	3.1 TITLE	D/CEO	☒ Change ☐ Addition
NAME	CARLISLE, STEVEN D.	3.2 NAME		
STREET ADDRESS	224 POINCIANA	3.3 STREET ADDRESS		
CITY-ST-ZIP	HARBOR BLUFF FL	3.4 CITY-ST-ZIP	33640	
TITLE		4.1 TITLE	S/T/D	☐ Change ☒ Addition
NAME		4.2 NAME	BOBBY D. JOHNSON	
STREET ADDRESS		4.3 STREET ADDRESS	3549 FAIRWAY FORREST DR.	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	PALM HARBOR, FL 34684	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(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: _____ 3/9/95 (813) 461-2535
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
SCOTT A. WILKERSON

0060000 CP