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

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Mar 23 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 # **V02880** (5)

1. Corporation Name
COURTESY ACCEPTANCE CORPORATION

Principal Place of Business	Mailing Address
650 NORTH HIGHWAY 17/92 LONGWOOD FL 32750	650 NORTH HIGHWAY 17/92 LONGWOOD FL 32750

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/30/1991

2. Principal Place of Business	2a. Mailing Address
21 600 North Highway 17/92	26 600 North Highway 17/92
Suite, Apt. #, etc. 22 168	Suite, Apt. #, etc. 27 168
City & State 23 Longwood FL.	City & State 28 Longwood FL
Zip / Country 24 32750 / 25 Seminole	Zip / Country 29 32750 / 30 Seminole

4. FEI Number: 59-3101157 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

HACKETT, DAVID KIMBERLEY
650 NORTH HIGHWAY 17/92
LONGWOOD FL 32750

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	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SWOPE, SAMUEL G.		1.2 NAME		
STREET ADDRESS	703 CRICKLEWOOD TERRACE		1.3 STREET ADDRESS		
CITY-ST-ZIP	HEATHROW FL		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☑ Change ☐ Addition
NAME	HACKETT, DAVID KIMBERLEY		2.2 NAME		
STREET ADDRESS	1315 WELLINGTON TERR.		2.3 STREET ADDRESS	472 DEWAR'S CT.	
CITY-ST-ZIP	MAITLAND FL		2.4 CITY-ST-ZIP	WINTER SPRINGS FL. 32708	
TITLE	TSD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	LA ZINSK, STEPHEN A.		3.2 NAME		
STREET ADDRESS	1117 BROWNSHIRE CT		3.3 STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD FL		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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: _____ Stephen A. LaZinsk Sec-Treas 3/17/98