

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Apr 04 1997 8:00am
Secretary of State

DOCUMENT # **177475** (1)

1. Corporation Name

MOTORS ACCEPTANCE CORPORATION

Principal Place of Business
**354 NORTH BEACH STREET
DAYTONA BEACH FL 32114-3310**

Mailing Address
**354 NORTH BEACH STREET
DAYTONA BEACH FL 32114-3310**



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**LYOYD, ROBERT F
354 NORTH BEACH STREET
DAYTONA BEACH FL 32115**

3. Date Incorporated or Qualified

02/22/1954

3a. Date of Last Report

04/30/1996

4. FEI Number

NOT APPLICABLE

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

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, if applicable,

(NOTE: Registered Agent signature required when reinstating)

DATE

1/15/97

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETE

NAME
**PD
LYOYD, WILLIAM S
6168 SHORELINE DR
PT ORANGE FL**

1.2 NAME ☐ DELETE

STREET ADDRESS
**CD
LYOYD, ROBERT F
120 BEACH ST W
PONCE INLET FL**

1.3 CITY - ST - ZIP ☐ DELETE

1.4 CITY - ST - ZIP
**ST
MACMILLAN, SCOTT D
112 MEADOWBROOK CIRCLE
DAYTONA BEACH FL**

1.5 CITY - ST - ZIP ☐ DELETE

1.6 CITY - ST - ZIP
1.7 CITY - ST - ZIP

1.8 CITY - ST - ZIP ☐ DELETE

1.9 CITY - ST - ZIP
1.10 CITY - ST - ZIP

1.11 CITY - ST - ZIP ☐ DELETE

1.12 CITY - ST - ZIP
1.13 CITY - ST - ZIP

1.14 CITY - ST - ZIP ☐ DELETE

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 in 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/15/97 (904) 252-3755