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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

(5)

	ENT # 50528	16 (5)				
FIRST N	NATIONAL ACCEPTANCE	CORPORATION				
Principal Place of	Business	Mailing Address			PI 18618 BUL ALBI	i Billi Aidii Bili Bili Aidii diani 1891
•	ST ST., SUITE 1-C	1500 NW FIRST ST Dania Fl 33004	SUITE 1-C			
DAMIN FC 300	~~	• • • • • •		3. Date Incorporated or Qualifie 06/16/1976	ed 3a. Da	ate of Last Report 05/23/1995
. Principal Place	of Business	2a. Mailing Address		4. FEI Number		Applied For
, Fillicipal riacc	, 01 (30) 1000	26		59-1410998		Not Applicable
Suite, Apt. #, 6	etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	X	\$8.75 Additional Fee Required
		27		A Final - Composing Signature		\$5,00 May Be
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution		Added to Fees
		28 Zip	Country	8. This corporation has liability	for intangible	tax under s 199.032,
Zip D	Country	29	30	Florida Statutes	Yes No	
L	9. Name and Address of Curren			10. Name and Address of Ne	w Registere	d Agent
		_	81 Name			
CAAVED	ORA, DAMASO W., ESQUIRE		82 Street	Address (P.O. Box Number is Not Acce	ptable)	
	THIRD AVE					
SUITE 3			83			
FT LAUDERDALE FL 33316 11. Pursuant to the provisions of Sections 607.0502 or registered agent, or both, in the State of Florid familiar with, and accept the obligations of, Sections 607.0502		84 C				85 Zip Code
					<u> </u>	changing its registered office
ramida with,	,	1001000.00001	S.			
SIGNATURE	gnature, typed or printed name of registered abon	nt and thin if applicable (N	(OTE: Registered Agent signature		DATE	IND DIRECTORS IN 12
SIGNATURE s	ignature, typed or printed name of registered assen OF FICERS AN		OTF. Registered Agent signature	regured when reinstating	DATE	
SIGNATURE SI	gnature, typed or printed name of registered abon	nt and Nor if applicable (N ND DIRECTORS	iOTF. Registered Agent signature	required when reinstating: ADDITIONS/CHANGES TO	DATE OFFICERS A	ND DIRECTORS IN 12 Change Addition
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SIGNATURE SI 12. ITLE NAME STREET ADDRESS	gneture, typed or printed name of registered asian OF FICERS AN PD MOGERMAN, IRWIN	at and title if applicable IN ID D:RECTORS DELETE	13. 1 TITLE 1.2 NAME 1 3 STREET ADDRESS 1.4 CITY-ST-ZIP	ADDITIONS/CHANGES TO ISOO NW. FIRST ORNIA, FL 33	OFFICERS A	Change Addition
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SIGNATURE SILE STREET ADDRESS CITY ST-ZIP TITLE VAME	PD MOGERMAN, IRWIN 761 MOCKINGBIRD LN PLANTATION,FL 00000 SD ROSS, JULES 535 PATIO VILLAGE WAY	at and title if applicable IN ID D:RECTORS DELETE	13. 1 TITLE 1.2 NAME 1 3 STREET ADDRESS 1.4 CITY - ST - ZIP 2 TITLE 2.2 NAME 2.3 STREET ADDRESS	ADDITIONS/CHANGES TO ISOO NW. FIRST OAMIA, FL 333 VST D ISOO NW FIRST	OFFICERS A ST. SU ST.	Change Addition
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certify that the information indicated on this annual report or supplemental annual report is free and according and that my signature shall have the same legal effect as a model that it had 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: