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

FILED
Apr 22 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **855500** (5)1. Corporation Name
DCA ACCEPTANCE CORP.Principal Place of Business
**700 N.W. 107TH AVE. 4TH FL.
MIAMI FL 33172**Mailing Address
**700 N.W. 107TH AVE. 4TH FL.
MIAMI FL 33172-3161**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/10/1983	3a. Date of Last Report 05/01/1996
21	Suite, Apt #, etc.	26	Suite, Apt #, etc.	4. FEI Number 59-2051167	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**WATSKY, MORRIS J.
700 N.W. 107TH AVE. 4TH FL.
MIAMI FL 33172**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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

(Sign, print, 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	CD <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, LEONARD	12 NAME	
STREET ADDRESS	700 NW 107TH AVE. 4TH FL	13 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	14 CITY - ST - ZIP	
TITLE	PD <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAJONTZ, STEVEN J.	22 NAME	
STREET ADDRESS	700 NW 107TH AVE. 4TH FL	23 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	24 CITY - ST - ZIP	
TITLE	VS <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REED, LINDA	32 NAME	
STREET ADDRESS	700 NW 107 AVE	33 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	34 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAMINSKY, NANCY	42 NAME	
STREET ADDRESS	700 NW 107TH AVE. 4TH FL	43 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	44 CITY - ST - ZIP	
TITLE	VT <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUNOZ, JANICE	52 NAME	
STREET ADDRESS	700 NW 107TH AVE. 4TH FL	53 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	54 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MODIST, DEBRA	62 NAME	
STREET ADDRESS	700 NW 107TH AVE	63 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	64 CITY - ST - ZIP	

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Debra Modist 1-13-97 (305) 229-6400

Date Daytime Phone #

CR2E034 (9/96)