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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **F93000003130 (2)**

1. Corporation Name

FIRST ENTERPRISE ACCEPTANCE COMPANY

Principal Place of Business

500 DAVIS STREET. SUITE 1008
EVANSTON IL 60201

Mailing Address

% BEV A VELKOVRH RUDNICK & WOLFE
203 N. LASALLE #1800
CHICAGO IL 60601

3. Date Incorporated or Qualified: **07/07/1993**

3a. Date of Last Report: **05/01/1995**

4. FEI Number: **36-3962243** [ ] 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 [X] No

2. Principal Place of Business

21
Suite, Apt. #, etc.: 22 **Suite 1005**
City & State: 23
Zip: 24 Country: 25

2a. Mailing Address

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

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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 607.1502, 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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	[ ] DELETE	1 TITLE	D	[ ] Change [X] Addition
NAME	STINNEFORD, PAUL A		2 NAME		
STREET ADDRESS	500 DAVIS STREET, SUITE 1005		3 STREET ADDRESS		
CITY-ST-ZIP	EVANSTON IL 60201		4 CITY-ST-ZIP		
TITLE	STD	[ ] DELETE	2 TITLE		[ ] Change [ ] Addition
NAME	HARRINGTON, MICHAEL P		2 NAME		
STREET ADDRESS	500 DAVIS STREET, SUITE 1005		2 STREET ADDRESS		
CITY-ST-ZIP	EVANSTON IL 60201		2 CITY-ST-ZIP		
TITLE		[ ] DELETE	3 TITLE		[ ] Change [ ] Addition
NAME			3 NAME		
STREET ADDRESS			3 STREET ADDRESS		
CITY-ST-ZIP			3 CITY-ST-ZIP		
TITLE		[ ] DELETE	4 TITLE		[ ] Change [ ] Addition
NAME			4 NAME		
STREET ADDRESS			4 STREET ADDRESS		
CITY-ST-ZIP			4 CITY-ST-ZIP		
TITLE		[ ] DELETE	5 TITLE		[ ] Change [ ] Addition
NAME			5 NAME		
STREET ADDRESS			5 STREET ADDRESS		
CITY-ST-ZIP			5 CITY-ST-ZIP		
TITLE		[ ] DELETE	6 TITLE		[ ] Change [ ] Addition
NAME			6 NAME		
STREET ADDRESS			6 STREET ADDRESS		
CITY-ST-ZIP			6 CITY-ST-ZIP		

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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: Paul A. Stinneford March 18, 1996 (847) 866-8665

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone #

Paul A. Stinneford - President