FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
1995 MAY -1 AM 8:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F93000005605 (1)**

1. Corporation Name
LOCAL ACCEPTANCE COMPANY OF FLORIDA

800001492728
-05/18/95--01001--005
****225.00 ****225.00
DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
3601 NW 63RD STREET OKLAHOMA CITY OK 73126	3601 NW 63RD STREET OKLAHOMA CITY OK 73126

3. Date Incorporated or Qualified: **12/10/1993**
3a. Date of Last Report: **04/21/1994**

2. Principal Place of Business — 21:
2a. Mailing Address — 26: P.O. Box 26020
Suite, Apt. #, etc — 22:
Suite, Apt. #, etc — 27:
City & State — 23:
City & State — 28:
Zip — 24: 73116 — Country — 25:
Zip — 29: 73126-0020 — Country — 30:

4. FEI Number: **73-1438818** ☐ 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

9. Name and Address of Current Registered Agent

CARTER, PAUL S II
2450 HOLLYWOOD BLVD STE 502
2121 PONCE DE LEON BLVD.
HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent

81 Name: IRVIN, ROBERT J
82 Street Address (P.O. Box Number is Not Acceptable): 2121 PONCE DE LEON BLVD, SUITE ~~1040~~ 900
83:
84 City: CORAL GABLES 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] ROBERT J IRVIN, CHAIRMAN 5/1/95
Signature, type or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when mandatory — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPC	11 TITLE		☐ Change ☐ Addition
NAME	IRVIN, ROBERT J	12 NAME		
STREET ADDRESS	2121 PONCE DE LEON BLVD., SUITE ~~1040~~ 900	13 STREET ADDRESS		
CITY ST ZIP	CORAL GABLES FL	14 CITY ST ZIP		
TITLE	DVT	21 TITLE		☐ Change ☐ Addition
NAME	SHERMAN, BRUCE S	22 NAME		
STREET ADDRESS	3003 TAMIAMI TRAIL NORTH, SUITE 400	23 STREET ADDRESS		
CITY ST ZIP	NAPLES FL	24 CITY ST ZIP		
TITLE	DSVP	31 TITLE	D/S/V	☒ Change ☐ Addition
NAME	POWERS, E D	32 NAME		
STREET ADDRESS	3601 NW 63RD STREET	33 STREET ADDRESS		
CITY ST ZIP	OKLAHOMA CITY OK 73116	34 CITY ST ZIP		
TITLE	V	41 TITLE	} REMOVE	☒ Change ☐ Addition
NAME	CARTER, PAUL S II	42 NAME		
STREET ADDRESS	2450 HOLLYWOOD BLVD, SUITE 502	43 STREET ADDRESS		
CITY ST ZIP	HOLLYWOOD FL 33020	44 CITY ST ZIP		
TITLE	V	51 TITLE		☒ Change ☐ Addition
NAME	POLLOCK, ALAN L	52 NAME		
STREET ADDRESS	3601 N W 63 ST	53 STREET ADDRESS		
CITY ST ZIP	OKLAHOMA CITY OK	54 CITY ST ZIP	73116	
TITLE	~~TRAN~~ 5-1-95	61 TITLE	V	☐ Change ☒ Addition
NAME		62 NAME	HARDAWAY, KYP H.	
STREET ADDRESS		63 STREET ADDRESS	3601 NW 63 ST	
CITY ST ZIP		64 CITY ST ZIP	OKLAHOMA CITY, OK 73116	

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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

040610 FP