

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # F93000005605 (1)

1. Corporation Name

LOCAL ACCEPTANCE COMPANY OF FLORIDA



Principal Place of Business

Mailing Address

3601 NW 63RD STREET  
OKLAHOMA CITY OK 73126

P.O. BOX 26020  
OKLAHOMA CITY OK 73126-0020

3. Date Incorporated or Qualified

12/10/1993

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

IRVIN, ROBERT J  
2121 PONCE DE LEON BLVD  
SUITE 900  
CORAL GABLES FL 33020

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 full of applicant

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DPC ☐ DELETE  
NAME IRVIN, ROBERT J  
STREET ADDRESS 2121 PONCE DE LEON BLVD., SUITE 1040  
CITY-ST-ZIP CORAL GABLES FL

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE DVT ☐ DELETE  
NAME SHERMAN, BRUCE S  
STREET ADDRESS 3003 TAMiami TRAIL NORTH, SUITE 400  
CITY-ST-ZIP NAPLES FL

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE DSV ☐ DELETE  
NAME POWERS, E D  
STREET ADDRESS 3601 NW 63RD STREET  
CITY-ST-ZIP OKLAHOMA CITY OK 73116

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE V ☐ DELETE  
NAME HARDAWAY, KYP H  
STREET ADDRESS 3601 NW 63RD ST.  
CITY-ST-ZIP OKLAHOMA CITY OK 73116

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE V ☐ DELETE  
NAME POLLOCK, ALAN L  
STREET ADDRESS 3601 N W 63 ST  
CITY-ST-ZIP OKLAHOMA CITY OK 73116

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
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 with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

1/18/96

405/942-6206

CR2E034 (12/95)