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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9300005605 (1)

LOCAL ACCEPTANCE COMPANY OF FLORIDA

FILED
May 04 1998 8:00am
Secretary of State



Filincipal Flace		Mailing Address						
2450 HOLLYWOOD BLVD SUITE 502		P.O. BOX 26020 ATTN: ALAN POLLOCK						
HOLLYWOOD	FL 33020	OKLAHOMA CITY OK 73126			DO NOT WRITE IN THIS SPACE			
					 Date Incorporated or Qualified 12/10/1993 			
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	A	Applied For	
21		26	26		73-1438818	N	lot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional				
22	**************************************	27		C. Communication of Charles Decision	Fee R	Required		
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip	Country	28 Z ₍₁₎	Country		8. This corporation owes or has paid the current year Intangible			
24	25	29	30		Personal Property Tax due June 30. Yes No			
8, Name and Address of Current Registered Agent			1941	10. Name and Address of New Registered Agent				
CO	PRPORATE ACCESS, INC.		81	Name				
1118-D THOMASVILLE RD				Circol	Address (P.O. Box Number is Not Acceptable)			
	OUNT VERNAN SQUARE		82	Sireet	ddress (P.O. Box Number is Not Acceptable)			
	LLAHASSEES FL 32303		83					
				1			Cada	
			84	City		FL 85 Zip	Code	
11. Pursuant t	o the provisions of Sections 607.0502	2 and 607.1508, Florida Statut	es, the abov	e-named	corporation submits this statement for the pu	rpose of changing	its registered	
office or re	egistered agout, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was a	authorized b	v the con	poration's board of directors. I hereby accept	the appointment as	s registered	
SIGNATURE			2 B 24			DATE		
12.	Signature, typed or printed name of registered ago OFFICERS AND		13.	ent signature	e required when reinstating) ADDITIONS/CHANGES TO OFFICE		RS IN 12	
TITLE	PD	DELETE	1.1 Title		PD	Change		
NAME	VANDEN, ROBERT		1.2 NAME		Ton norton	- '		
STREET ADDRESS	3601 NW 63 STREET		1.3 STREET ADDRESS		3601 nw 63 street			
CITY-ST-ZIP	OKLAHOMA CITY OK 73116		1.4 CITY-		OKLAHOMA CITY, OK 73	116		
TITLE	VPID	DELETE	2.1 THTLE	31-211	Carrier II on its	Change	Addition	
NAME	BOREN HAND, JANA		2.2 NAME					
STREET ADDRESS	3601 NW 63 STREET		2.3 STREET ADDRESS					
CITY-ST-ZIP	OKLAHOMA CITY OK 73116		2 4 CITY-					
TITLE			3.1 TITLE			Change	Addition	
NAME	POŁLOCK, ALAN L		3.2 NAME					
STREET ADDRESS	3601 NW 63RD STREET			T ADDRES\$				
CITY-ST-ZIP	OKLAHOMA CITY OK 73116		3.4. CITY-		·			
TITLE	VP	DELETE	4.1 TITLE			☐ Change	Addition	
NAME	PRATT, JOHN		4. 2 NAME					
STREET ADDRESS	3601 NW 63RD ST.		4.3 STREE	T ADDRESS				
CITY-ST-ZIP	OKLAHOMA CITY OK 73116		4.4 CITY -	ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE			Change	Addition	
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREE	T ADDRESS				
CITY-ST-ZIP		,,,,_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5.4 CITY -	S1-ZIP				
TITLE	☐ DELETE		6.1 TITLE			Change	Addition	
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREF	1 ADDRESS				
CITY-ST-ZIP			6.4 CITY -	ST-ZIP				
14. I hereby c	ertify that the information supplied with	thathis filing does not qualify for	or the exemp	otion state	ed in Section 119.07(3)(i), Florida Statutes. I fu gnature shall have the same legal effect as if r s required by Chapter 607, Florida Statutes; al	irther certify that the	e information	
officer or o	director of the corporation of the reco	iver or trustee empowered to	execute this	report as	s required by Chapter 607, Florida Statutes; a	nd that my name as	ppears in	
Block 12 d	or Block 13 if changed, of an arratiac	shment with an addition						