

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 20 AM 9:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000000574 (3)

1. Corporation Name

ACCEPTANCE PREMIUM FINANCE COMPANY, INC.

Principal Place of Business

Mailing Address

4041 N. CENTRAL
SUITE 1900
PHOENIX AZ 85012

4041 N. CENTRAL
SUITE 1900
PHOENIX AZ 85012

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

3a. Date of Last Report

02/07/1994

4. FEI Number

86-0748391

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

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 time of signature)

(NOTE: Registered Agent signature required when filing this report)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PO
NAME	BRAUDE, DANIEL J
STREET ADDRESS	4041 N. CENTRAL, STE 1900
CITY - ST - ZIP	PHOENIX AZ
TITLE	MDT
NAME	KATZ, ROBERT S
STREET ADDRESS	4041 N. CENTRAL, STE 1900
CITY - ST - ZIP	PHOENIX AZ
TITLE	Vice President
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1. TITLE	President / Director	☒ Change ☐ Addition
2. NAME		
3. STREET ADDRESS		
4. CITY - ST - ZIP		
21. TITLE	Secy	☒ Change ☐ Addition
22. NAME		
23. STREET ADDRESS		
24. CITY - ST - ZIP		
31. TITLE	Vice President	☐ Change ☒ Addition
32. NAME	William J Gerber	
33. STREET ADDRESS	222 S. 15th St. Suite 600 North	
34. CITY - ST - ZIP	Omaha NE 68102	
41. TITLE	Treas	☐ Change ☒ Addition
42. NAME	Georgia Trace	
43. STREET ADDRESS	222 S. 15th St. Suite 600 North	
44. CITY - ST - ZIP	Omaha, NE 68102	
51. TITLE		☐ Change ☐ Addition
52. NAME		
53. STREET ADDRESS		
54. CITY - ST - ZIP		
61. TITLE		☐ Change ☐ Addition
62. NAME		
63. STREET ADDRESS		
64. 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 presented 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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daniel J. Braude 4/12/95 (602)250-8371