

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 # 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

3. Date Incorporated or Qualified

02/07/1994

3a. Date of Last Report

04/20/1995

2. Principal Place of Business

2a. Mailing Address

21 4600 E. Shea Blvd

26 PO Box 55450

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Ste 100

27

City & State

City & State

23 Phoenix AZ

28 Phoenix AZ

Zip

Country

Zip

Country

24 85028

25 USA

29 85078

30 USA

4. FEI Number

86-0749391

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

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME PD  
STREET ADDRESS BRAUDE, DANIEL J  
CITY-ST-ZIP 4041 N. CENTRAL, STE 1900  
PHOENIX AZ

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS 4600 E. Shea Blvd Ste 100  
1.4 CITY-ST-ZIP Phoenix AZ 85028

TITLE ☐ DELETE  
NAME S  
STREET ADDRESS KATZ, ROBERT S  
CITY-ST-ZIP 4041 N. CENTRAL, STE 1900  
PHOENIX AZ

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS 4600 E. Shea Blvd Ste 100  
2.4 CITY-ST-ZIP Phoenix AZ 85028

TITLE ☐ DELETE  
NAME VP  
STREET ADDRESS GERBER, WILLIAM J.  
CITY-ST-ZIP 222 S 15TH ST STE 600 N  
OMAHA NE

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

TITLE ☐ DELETE  
NAME T  
STREET ADDRESS MACE, GEORGIA  
CITY-ST-ZIP 222 S 15TH ST STE 600 N  
OMAHA NE

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS 200001807662  
5.4 CITY-ST-ZIP -05/04/96--01006--020  
\*\*\*200.00

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

Date

Daytime Phone #

4/25/96 602-494-6960

CR2E034 (12/95)