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Apr 30 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

4600 E SHEA BLVD
SUITE 100
PHOENIX AZ 85028

Mailing Address

PO BOX 55450
PHOENIX AZ 85078-5450



2. Principal Place of Business

2a. Mailing Address

21 4600 E. Shea Blvd

26 PO Box 55450

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

22 Suite 100

27

23 City & State

28 City & State

23 Phoenix, AZ

28 Phoenix, AZ

24 Zip

29 Zip

24 85028

29 85078

25 Country

30 Country

25 USA

30 USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

02/07/1994

3a. Date of Last Report

05/01/1996

4. FEI Number

86-0749391

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

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

TITLE PD ☐ DELETE
NAME BRAUDE, DANIEL J
STREET ADDRESS 4600 E SHEA BLVD, SUITE 100
CITY-ST-ZIP PHOENIX AZ 85028

TITLE S ☐ DELETE
NAME KATZ, ROBERT S
STREET ADDRESS 4600 E SHEA BLVD, SUITE 100
CITY-ST-ZIP PHOENIX AZ 85028

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

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP 68102

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP 68102

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/97

602-494-6960

Date

Daytime Phone #

CR2E034 (9/96)