

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

**CORPORATION
ANNUAL REPORT
1995**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 14 PM 12:12

DOCUMENT # F94000000998 (4)

1. Corporation Name

DEALER FINANCE CORPORATION OF AMERICA

Principal Place of Business

**415 N MCKINLEY, STE. 900
LITTLE ROCK AR 72205**

Mailing Address

**415 N MCKINLEY, STE. 900
LITTLE ROCK AR 72205**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

02/28/1994

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

Street, Apt. #, etc.

25

Street, Apt. #, etc.

4. FEI Number

71-0750213

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

22. City & State

27. City & State

23

Zip

Country

28

Zip

Country

24

Country

29

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

01. Name

02. Street Address (P.O. Box Number is Not Acceptable)

03

04. City

FL

05. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, 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 of Current Registered Agent, if filed application)

(Signature of Registered Agent, if required after meeting)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

CCFO

2. NAME

JAMES, DENNIS R

3. STREET ADDRESS

415 N MCKINLEY, STE. 900

4. CITY-ST-ZIP

LITTLE ROCK AR 72205

5. TITLE

DP

6. NAME

SAMBRANO, TIMOTHY S

7. STREET ADDRESS

415 N MCKINLEY, STE. 900

8. CITY-ST-ZIP

LITTLE ROCK AR 72205

9. TITLE

DS

10. NAME

SAMBRANO, ELLEN K

11. STREET ADDRESS

415 N MCKINLEY, STE. 900

12. CITY-ST-ZIP

LITTLE ROCK AR 72205

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY-ST-ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY-ST-ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-ST-ZIP

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY-ST-ZIP

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-ST-ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY-ST-ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY-ST-ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY-ST-ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY-ST-ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. 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 119.03(2)(b), 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 in an attachment with an address.

SIGNATURE: **X**

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature