SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 26 AM 9:00

DOCUMENT # F94000003051 (9)

1. Corporation Name
NATIONAL AUTO FINANCE CORPORATION

Principal Place of Business
621 N.W. 53RD ST.
BOCA RATON FL 33487

Mailing Address
621 N.W. 53RD ST.
BOCA RATON FL 33487

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/10/1994
3a. Date of Last Report:
4. FEI Number: 65-0493629 ☐ 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
21
22 Suite, Apt. #, etc. Suite 200
23 City & State
24 Zip
25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc. Suite 200
28 City & State
29 Zip
30 Country

9. Name and Address of Current Registered Agent
MCMILLEN, STACY
621 NW 53 STREET
SUITE 340
BOCA RATON FL 33487

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1 1 TITLE	Chief Executive Officer/Dir ☒ Change ☐ Addition
NAME	SHAPIRO, GARY L	1 2 NAME	Gary L. Shapiro
STREET ADDRESS	621 N.W. 53RD ST.	1 3 STREET ADDRESS	621 NW 53 Street, Suite 320
CITY-ST-ZIP	BOCA RATON FL 33487	1 4 CITY-ST-ZIP	Boca Raton, FL 33487
TITLE	V	2 1 TITLE	President ☒ Change ☐ Addition
NAME	TIPTON, ROY E	2 2 NAME	Roy E. Tipton
STREET ADDRESS	621 N.W. 53RD ST.	2 3 STREET ADDRESS	621 NW 53 Street, Suite 200
CITY-ST-ZIP	BOCA RATON FL 33487	2 4 CITY-ST-ZIP	Boca Raton, FL 33487
TITLE	STD	3 1 TITLE	Treasurer/Director ☐ Change ☐ Addition
NAME	GURBA, STEPHEN L	3 2 NAME	Steph L. Gurba
STREET ADDRESS	621 N.W. 53RD ST.	3 3 STREET ADDRESS	621 NW 53 Street, Suite 320
CITY-ST-ZIP	BOCA RATON FL 33487	3 4 CITY-ST-ZIP	Boca Raton, FL 33487
TITLE	D	4 1 TITLE	☐ Change ☐ Addition
NAME	OTTO, EDGAR	4 2 NAME	
STREET ADDRESS	621 N.W. 53RD ST.	4 3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33487	4 4 CITY-ST-ZIP	
TITLE		5 1 TITLE	Secretary ☐ Change ☐ Addition
NAME		5 2 NAME	Craig Schnee
STREET ADDRESS		5 3 STREET ADDRESS	621 NW 53 Street, Suite 320
CITY-ST-ZIP		5 4 CITY-ST-ZIP	Boca Raton, FL 33487
TITLE		6 1 TITLE	Assistant Secretary ☐ Change ☐ Addition
NAME		6 2 NAME	Stacy McMillen
STREET ADDRESS		6 3 STREET ADDRESS	621 NW 53 Street, Suite 320
CITY-ST-ZIP		6 4 CITY-ST-ZIP	Boca Raton, FL 33487

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: Stacy McMillen, Assistant Secretary — 4/14/95 — (407) 997-2747
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Stacy McMillen

CR2E034 (3/95)

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