Mailing Address

400 CONCRECE AVENUE

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # F95000003613

1. Corporation Name

Principal Place of Business

**AUTOBOND ACCEPTANCE CORPORATION** 

TOU COMBRESS AVENUE SUITE 600 AUSTIN TX 78701 US			SUITE 600 AUSTIN TX 78701				DO NOT WRITE IN THIS SPACE			
			US				3. Date Incorporated or Qualifed			
ı	00		••				07/26/1995			
ŀ	2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number	A <sub>I</sub>	oplied For	
ŀ	21		26				75-2487218	No	ot Applicable	
ŀ	Suite, Apt. #	#. etc.	Suite, Apt. #, etc.					\$8.75	Additional	
22			27				5. Certificate of Status Desired Fee Required			
ľ	City & State	)	City & State				6. Election Campaign Financing		May Be	
ľ	23	28					Trust Fund Contribution	Added	to Fees	
Ī	Zip	Country	Zip	Zip Country			8. This corporation owes the current year Int.		_	
ľ	24	25	29	30			Personal Property Tax.	Yes	ØNo_	
l		9. Name and Address of Current	Registered Agent				10. Name and Address of New Registered	Agent		
					81	Name				
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD					82	Street Addre	ess (P.O. Box Number is Not Acceptable)			
		TATION FL 33324		L	_					
l	PLAN	HAHON FL 33324			83					
		£		-	84	City	FI	85 Zip	Code	
ŀ	44 (0)	the provisions of Continue 507 0500	and 607 1508 Florida Statut	tac the ch	<u> </u>	-named corpo		changing its	registered	
l	11. Pursuant t office or re	o the provisions of Sections 607.0502 egistered agent, or both, in the State of	i and 607. 1506, Florida Statut if Florida. Such change was a	uthorized	by 1	the corporation	pration submits this statement for the purpose of n's board of directors. I hereby accept the appoi	ntment as re	egistered	
ļ	agent. I an	n familiar with, and accept the obligati	ons of, Section 607.0505, Flo	orida Statu	tes.					
	SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	E: Registered /	Agent	t signature required	when reinstating) DATE			
ŀ	12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTO	ORS IN 12	
ŀ	TITLE	CCEO	☐ DELETE	1.1 TIT	LE			Change	☐ Addition	
i	NAME			1.2 NA	1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP			•		
STREET ADDRESS 100 CONGRESS AVENUE, SUITE AUSTIN TX 78701			F 900	1.3 STE				Suit	600	
			L 000	4				0	•	
ŀ	TITLE	CCOD	☐ DELETE	2.1 TIT				Change	☐ Addition	
I				22 NA						
١	NAME		TE 000			ADODESS		, -ı	·	
STREET ADDRESS 100 CONGRESS AVENUE, SU		•	E 300	1	2.3 STREET ADDRESS 2.4 CITY-ST-ZIP			Juile	600	
ŀ	CITY-ST-ZIP	AUSTIN TX 78701	☐ DELETE	2. 4 CIT		1-202		<b>反</b> Change	Addition	
	TITLE	P CONTALET MANUEL A	☐ DECE!E					P		
Ì	NAME	CONTRACTOR AND		3	3.2 NAME			Suite	1	
	STREET ADDRESS	301 CONGRESS AVENUE, SUIT	E 900			ADDRESS		عامد المحادث	600	
-	CITY-ST-ZIP	AUSTIN TX 78701	Mar:	3.4 CIT		T-ZIP		Change	Addition	
	TITLE	VPCO	DELETE	4.1 TITI				criange	☐ Addition	
۱	NAME	STREET ADDRESS 301 CONGRSS AVENUE, SUITE 900 4			4. 2 NAME					
١	STREET ADDRESS			4.3 STREET ADDR		ADDRESS				
Į	CITY-ST-ZIP	AUSTIN TX 78701		4.4 CIT	Y- ST	r-ZIP		F71.01		
ſ	TITLE	VPC DELETE 5:			5.1 TITLE			Change	Addition	
	NAME	Pazdernik, alan e		5.2 NA		İ				
ĺ	STREET ADDRESS	301 CONGRESS AVENUE, SUIT	E 900	5.3 STF	REET	ADDRESS				
	CITY-ST-ZIP	AUSTIN TX 78701		5.4 CIT		T-ZIP				
İ	TITLE	VPC	☐ DELETE	6.1 TIT	LE		<del></del>	Change	Addition	
	NAME	GIESE, ROBERT B		6 2 NA	ME				_	
		301 CONGRESS AVENUE, SUIT	E 900	6.3 STF	REET	ADDRESS		Suite	600	

CITY-ST-ZIP 1 14. I 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 receiper of this true 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 attackment with an address with an other like empowered.

6.4 CITY-ST-ZIP

**AUSTIN TX 78701** 

SIGNATURE: SIGNATURE AND TYPE

FILED May 04, 1999 8:00 am Secretary of State

05-04-1999 90181 013 \*\*\*150.00

CR2E034 (11/98)