P. O. Box 1 Tallahassee, T City/State/Zip	Address FL 32302 878-018 Phone #	
(Corporati	can Acceptance Cor ion Name)	P. F9500006213 (Document #)
2(Corporati 3(Corporati	on Name) on Name)	(Document #)
4 (Corporation Name) (Document #)		
	AMENDMENTS at	
Profit X	Amendment Resignation of R.A., Officer	
Limited Liability Domestication Other	Change of Registered Agent Dissolution/Withdrawal Merger	
OTHER FILINGS Annual Report	REGISTRATION/ QUALIFICATION Foreign	
Fictitious Name Name Reservation	Limited Partnership Reinstatement Trademark	
CR2E93161194	Other	Examiner's Initials



98 HOV 30 PM 1:28

FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

November 30, 1998

ED TRIBBLE FLORIDA INFORMATION ASSOCIATES, INC. TALLAHASSEE, FL

SUBJECT: FLORIDA INFORMATION ASSOCIATES, INC. Ref. Number: J60988

We have received your document for FLORIDA INFORMATION ASSOCIATES, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Our records do not indicate that you are an officer, director, or registered agent of the subject corporation. Therefore, no resignation is required.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6908.

Teresa Brown Corporate Specialist

Letter Number: 098A00056621

98 NOV 30 PM 3 4: TALLAHASSEE OF STATE FLORIDA

RESIGNATION OF REGISTERED AGENT

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509, Florida Statutes, the undersigned, _______ Florida Information Associates, Inc._______ (Name of registered agent) hereby resigns as Registered Agent for _______ First American Acceptance Corp. (Name of corporation)

A copy of this resignation was mailed to the above listed corporation at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

(Signature of resigning agent)

EDWARD J. TRIBBLE

If signing on behalf of an entity:

Florida Information Associates, (Typed or Printed Name) Director

(Capacity)

Fee for filing this document:

\$87.50 - Active corporation \$35.00 - Administratively dissolved corporation

Make checks payable to Florida Department of State and mail to: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314