Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90039 045 ***150.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9600000483

1. Corporation Name DOA FINIANCINO INC

ACA FINANCING, INC.							
Principal Place of Business	Mailing Address			T I DOUIT D 1450 I DITS BELLET BOLLET WOLLE WOLLE WOLLE	EENN ENN EIEEN IBIEE IN IQU		
720 FIFTH AVENUE NEW YORK NY 10019	720 FIFTH AVENUE NEW YORK NY 10019			DO NOT WRITE IN THI	S SPACE		
				3. Date Incorporated or Qualifed 01/26/1996	,		
2. Principal Place of Business	2a. Mailing Address			4. FEI Number	Applied For		
21				51-0369735	Not Applicable		
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 Additional Fee Required		
City & State	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip Country	Zip 30	Country		This corporation owes the current year In Personal Property Tax.	itangible □ Yes □ No		
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent				
		81	Name		- T- T		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD		82	Street Address (P.O. Box Number is Not Acceptable)				
PLANTATION FL 33324		83					
		84	City	FI			
office or registered agent, or both, i	ns 607.0502 and 607.1508, Florida Statutes, the state of Florida. Such change was author the obligations of, Section 607.0505, Florida S	ized by t	-named corp the corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the appoint	f changing its registered intment as registered		

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	DELETE	1.1 TITLE		Change	☐ Addition				
NAME	SCHERR, MARC D		1.2 NAME							
STREET ADDRESS	720 FIFTH AVE., 10TH FL.		1.3 STREET ADDRESS							
CITY-ST-ZIP	NEW YORK NE		14 CITY-ST-ZIP			,				
TITLE	VST	☐ DELETE	2.1 TITLE		Change	Addition				
NAME	GATTEGNO, LARRY A		2.2 NAME							
STREET ADDRESS	720 FIFTH AVENUE, 10TH FLOOR		2.3 STREET ADDRESS							
CITY-ST-ZIP	NEW YORK NY		2.4 CITY-ST-ZIP							
TITLE	CD	☐ DELETE	3.1 TITLE		☐ Change	☐ Addition				
NAME	GERSCHEL, PATRICK A		3.2 NAME							
STREET ADDRESS	720 FIFTH AVENUE, 10TH FLOOR		3.3 STREET ADDRESS							
CITY-\$T-ZIP	NEW YORK NY		3.4. CITY-ST-ZIP							
TITLE		☐ DELETE	4.1 TITLE		Change	Addition				
NAME			4. 2 NAME							
STREET ADDRESS			4.3 STREET ADDRESS							
CITY-ST-ZIP			4.4 CITY+ST-ZIP							
TITLE		☐ DELETE	5.1 TITLE		☐ Change	☐ Addition				
NAME			5.2 NAME							
STREET ADDRESS			5.3 STREET ADDRESS							
CITY-ST-ZIP			5.4 CITY-ST-ZIP							
τπιε		☐ DELETE	6.1 TITLE	'	Change ·	Addition				
NAME			6.2 NAME							
STREET ADDRESS			6.3 STREET ADDRESS							
CITY-ST-ZIP			6.4 CITY-ST-ZIP	<u>'</u>						

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR