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

CORPORATION ANNUAL REPORT

1997



Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # F9600003110 (1)

CAPITAL ACCEPTANCE SERVICE HOLDING CORPORATION

Principal Place of Business	Mailing Address			
733 JOE FRANK HARRIS PKWY CARTERSVILLE GA 30120	733 JOE FRANK HARRIS PKWY CARTERSVILLE GA 30120-2469			
Principal Place of Business	2a Mailya Addrass			

Mar 19 1997 8:00am Secretary of State

FILED



733 JOE FRAN CARTERSVILLE	733 JOE FRANK HARRIS PRWY 733 JOE FRANK HARRIS PRWY CARTERSVILLE GA 30120 CARTERSVILLE GA 30120-2469					
					3. Date Incorporated or Qualified 06/20/1996	3a. Date of Last Report
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26	26		58-2208342	Not Applicable
Suite, Apt. #. etc.		Suite, Apt #, etc	Suite, Apt #, etc		5. Certificate of Status Desired	\$8.75 Additional
22		27			- Commode of States Essay	Fee Required
City & Stat	0	City & State			6. Election Campaign Financing	\$5.00 May Be
23		28	1 6		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country		8. This corporation has liability for intangible tax under s. 199.032, Horida Statutes	
24	25 25 Name and Address of Cur	rent Registered Agent	[30]		10. Name and Address of New Reg	
NACK	INNEY, JOHN E	, , , , , , , , , , , , , , , , , , ,	81	Name		2
	OLD WINTER GARDEN ROA	D				
	ANDO FL 32811		82	Street Addr	css (P.O. Box Number is Not Acceptab	le)
UNL	MINDO I L'OZOTT		83			
			<u>.</u>			
			84	City		FI 85 Zip Code
11. Pursuant office or ragent. La	to the provisions of Sections 607.6 egistered agent, or both, in the St m familiar with, and accept the of	0502 and 607.1508, Horida Statut ate of Flonda Such change was a oligations of Section 607.0505, Fla	les, the above authorized by orida Statute	e-named corp y the corporal s.	poration submits this statement for the p ion's board of directors. I hereby accep	urpose of changing its registered the appointment as registered
SIGNATURE						
	Signature, typical or printing came of registers a		E Registered Age	ent eigesnure requir	ed when reinstating) ADDITIONS/CHANGES TO OFFIC	TOO AND DIDECTORS IN 10
12.	PC	AND DIRECTORS	1.1 TOLE	-	ADDITIONS/CHANGES TO OFFIC	Change Addition
NAME	MCKINNEY, JOHN E		1.2 NAME			
STREET ADDRESS	4517 PAPERMILL ROAD			LADORESS		1
CITY-ST-ZIP	MARIETTA GA 30338		1.4 CITY - 5			
TITLE	SD	D DELLE	2.1 THILE	":::"" 		Change Addition
NAME	LYLE, RAY		2.2 NAME			
STREET ADDRESS	12 WALNUT DRIVE		2.3 \$1RE61	I ADDRESS		
CITY-ST-ZIP	CARTERSVILLE GA 30120		2. 4 CITY			
TITLE		OLLETE	3.11111.1			Change Addition
NAME			3 2 NAMI			
STREET ADDRESS			3.3 STREE	I ADDRESS		İ
CITY-ST-ZIP			3.4 CITY	ST- ZIF		
TITLE			4.1 TITLE			Change Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 \$1REF1	LADORESS		
CITY - ST - ZIP			4.4 CHY - S	S1 - 20P		
TITLE		[]] DELETE	5.1 10116			Change Addition
NAME			5.2 NAMé			
STREET ADDRESS			5.3 STREET			
CITY-ST-ZIP		·	5.4 CHY - S	SI - ZIC		
TITLE		☐ DELETE	6.1 1111 €			Change Addition
NAME			€ 2 NAME			
STREET ADDRESS			63 STREE			•
CITY - ST - ZIP			6.4 DHY-5	\$1 - 7 1P		

14. I do hereby certify that the information supplied with this filling 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