

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

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90065 020 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **F98000006369**

1. Corporation Name
HOME IMPROVEMENT ACCEPTANCE CORPORATION



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
3271 MONROE ST. TOLEDO OH 43606 **3271 MONROE ST. TOLEDO OH 43606**

4271 MONROE ST.

3. Date Incorporated or Qualified
11/19/1998

2. Principal Place of Business 2a. Mailing Address
21 4271 MONROE ST **26 4271 MONROE ST**

4. FEI Number
34-1720045

22. Suite, Apt. #, etc. 27. Suite, Apt. #, etc.
23 Toledo Ohio **28 Toledo Ohio**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

24. Zip 25. Country 29. Zip 30. Country
43606 USA 43606 USA

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
TROMPETER, PATRICK J
17170 HARBOUR POINTE
SANIBEL HARBOUR TOWER #634
FT. MYERS FL 33908

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> DELETE
NAME	TROMPETER, PATRICK J
STREET ADDRESS	17170 HARBOUR POINTE, SANIBEL HARBOR TOWER
CITY-ST-ZIP	FT. MYERS FL 33908
TITLE	T <input type="checkbox"/> DELETE
NAME	HROVATICH, JOHN M
STREET ADDRESS	17170 HARBOUR POINTE, SANIBEL HARBOR TOWER
CITY-ST-ZIP	FT. MYERS FL 33908
TITLE	S <input type="checkbox"/> DELETE
NAME	ADLER, THOMAS A
STREET ADDRESS	4271 MONROE ST.
CITY-ST-ZIP	TOLEDO OH 43606
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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]* Date: *1/27/99* Daytime Phone #: *419-472-4200*

CR2E034 (1/98)