FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 27 PM 12:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J47967 (1)

1. Corporation Name
MW ACCEPTANCE CORP.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
% MAURICE F. WILDER 3000 GULF TO BAY BLVD., 6TH FLOOR CLEARWATER FL 34619	% MAURICE F. WILDER 3000 GULF TO BAY BLVD., 6TH FLOOR CLEARWATER FL 34619

3. Date Incorporated or Qualified: 12/15/1986
3a. Date of Last Report: 02/14/1994

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

4. FEI Number: 59-2753009 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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

8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WILDER, MAURICE F.
3000 GULF TO BAY 6TH FLOOR
CLEARWATER FL 34619

10. Name and Address of New Registered Agent

91 Name
92 Street Address (P.O. Box Number is Not Acceptable)
93
94 City FL 95 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ASD	1.1 TITLE	☐ Change ☐ Addition
NAME	MERRELL, THOMAS L.	1.2 NAME	
STREET ADDRESS	2892 DEER RUN S.	1.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP	
TITLE	PDT	2.1 TITLE	☐ Change ☐ Addition
NAME	WILDER, MAURICE F.	2.2 NAME	
STREET ADDRESS	1800 MCCAULEY RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	2.4 CITY-ST-ZIP	
TITLE	DVP	3.1 TITLE	☐ Change ☐ Addition
NAME	WILDER, KATHY JO	3.2 NAME	
STREET ADDRESS	1800 MCCAULEY RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	3.4 CITY-ST-ZIP	
TITLE	DS	4.1 TITLE	Patricia Hentges = Delete ☐ Change ☐ Addition
NAME	HENTGES, PATRICIA	4.2 NAME	
STREET ADDRESS	3312 BRIARWOOD CR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☒ Addition
NAME		5.2 NAME	VD Peter E. Creighton
STREET ADDRESS		5.3 STREET ADDRESS	8447 Merrimoor Blvd. E.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Largo, FL 34647
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: _____ Peter E. Creighton, Executive V.P. 2/2/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

(813) 799-2111
Area Code & Daytime Phone Number

0370388 CP