SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1996.
AMOUNT DUE ON OR BEFORE 8/0/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 JUL 19 AM 11:09
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # J94315 (5)

1. Corporation Name

INTERCONTINENTAL ACCEPTANCE CORPORATION

Principal Place of Business	Mailing Address
1191 E. NEWPORT CTR. DR. SUITE 102 DEERFIELD BCH. FL 33442 US	1191 E. NEWPORT CTR. DR. SUITE 102 DEERFIELD BCH. FL 33442 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/23/1987
3a. Date of Last Report: 07/06/1994
4. FEI Number: 65-0010471 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

STRALEY, STEPHEN J.
3990 SHERIDAN ST.
SUITE 109
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

31 Name: Schorr, Stephen A.
32 Street Address (P.O. Box Number is Not Acceptable): 2101 N. Andrews Avenue
33 Suite 400
34 City: Ft. Lauderdale FL 35 Zip Code: 33311

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: [signature] Stephen A. Schorr 6-30-95
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	PSD	1.1 TITLE		☐ Change ☐ Addition
NAME	TENBERG, CLYDE W., JR.	1.2 NAME		
STREET ADDRESS	2333 NE 30TH CT.	1.3 STREET ADDRESS		
CITY-ST-ZIP	LIGHTHOUSE PT. FL	1.4 CITY-ST-ZIP		
TITLE	~~T~~	2.1 TITLE	T	☐ Change ☑ Addition
NAME	~~GULYA, CHRISTOPHER J.~~	2.2 NAME	McCord, Jacqueline L	
STREET ADDRESS	~~2766 BAYONNE DR.~~	2.3 STREET ADDRESS	3991 NW 108 Dr	
CITY-ST-ZIP	~~PALM BCH. GARDENS FL.~~	2.4 CITY-ST-ZIP	Coral Springs FL	
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3. STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

CR2E034 (3/95)

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: [signature] 6-30-95 305-427-3111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000761 CP