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Apr 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

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 100~~ DEERFIELD BCH. FL 33442 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/23/1987

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22 ~~SUITE 100~~	Suite, Apt. #, etc. 27 ~~SUITE 100~~
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number: 65-0010471 ☐ Applied For ☐ Not Applicable

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

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

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~SCHORR, STEPHEN A.~~ ~~2101 N. ANDREWS AVENUE~~ ~~SUITE 400~~ ~~FT. LAUDERDALE FL 33311~~	81 Name: DENNIS SMITH 82 Street Address (P.O. Box Number is Not Acceptable): TRIPP, CONKLIN, SCOTT, SMITH 83: 110 SE 6TH ST 84 City: FT LAUDERDALE FL 85 Zip Code: 33301

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: Dennis Smith
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	☐ DELETE	1.1 TITLE	PSTD	☒ Change ☐ Addition
NAME	TENBERG, CLYDE W., JR.		1.2 NAME	TENBERG, CLYDE W. SR.	
STREET ADDRESS	~~2333 NE 30TH CT.~~		1.3 STREET ADDRESS	3901 NE 22 CRT	
CITY-ST-ZIP	~~LIGHTHOUSE PT. FL~~		1.4 CITY-ST-ZIP	POMPANO BCH FL 33062	
TITLE	T	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MCCORD, JACQUELINE L.		2.2 NAME		
STREET ADDRESS	3991 NW 108 DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			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		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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.

SIGNATURE: [signature] 3/1998 954-360-0254