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 MAY -1 AM 10:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K81175** **(7)**

1. Corporation Name
~~LIBERTY ACCEPTANCE CORPORATION~~
Smart Choice Quality Preowned Autos Inc

Principal Place of Business	Mailing Address
% MICHELLE DILKS ~~2929 TALLEVAST RD.~~ ~~SARASOTA FL 34243~~ US	% MICHELLE DILKS 2929 TALLEVAST RD SARASOTA FL 34243 US

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business: 21 2212 1st St W	2a. Mailing Address: 26 2212 1st St W
Suite, Apt #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Bradenton FL	City & State 28 Bradenton FL
Zip 24 34205 Country 25 USA	Zip 29 34205 Country 30 USA

3. Date Incorporated or Qualified: 04/18/1989
3a. Date of Last Report: 06/21/1994
4. FEI Number: 59-2239825 — 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	10. Name and Address of New Registered Agent
DILKS, MICHELLE 2929 TALLEVAST RD. SARASOTA FL 34243	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 ______ 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	PTD	11 TITLE	2929 Tallevast RD ☒ Change ☐ Addition
NAME	DILKS, MICHELLE Correct	12 NAME	SARASOTA, FL 34243
STREET ADDRESS	~~2929 TALLEVAST RD~~	13 STREET ADDRESS	~~West Waterline Rd~~
CITY ST ZIP	~~SARASOTA FL~~	14 CITY ST ZIP	~~Bradenton FL 34209~~
TITLE	VSD	21 TITLE	☐ Change ☐ Addition
NAME	CARNEVALE, DAN	22 NAME	
STREET ADDRESS	5416 SIESTA COVE	23 STREET ADDRESS	
CITY ST ZIP	SARASOTA FL	24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	600001485006
STREET ADDRESS		33 STREET ADDRESS	-05/12/95--01012--002
CITY ST ZIP		34 CITY ST ZIP	****200.00 ****200.00
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	CH

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)(k), 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: ~~Frank J. State~~ Michelle Dilks, Pres 4/11/95 — 813-355-1900 ext 317
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
~~FRANK J STATE~~ MICHELLE DILKS

0346577 CP