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

PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name

DOCUMENT # L26140

SECOND NATIONAL ACCEPTANCE CORP.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90062 038 ***150.00

Principal Place of Business Mailing Address							ı	
1700 NW FIRST STREET		1500 NW-FIRST-STREET	<u>-</u>					
DANIA FL 33004		SUITE_1_C						
US		DANIA FL 33004	•			DO NOT WRITE IN THIS SPACE		
		US				3. Date Incorporated or Qualifed		
						10/30/1989		
2. Principal Pl	ace of Business		2a. Mailing Address C/O			4. FEI Number Applied For		
21		26KOPELOWITZ, SAAVEDRA & PELO				**************************************	•	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 27312 S.E. 17TH STREET, 2ND F			אם דיי	FILOOR Certificate of Status Desired Fee Required		
22 City & State		City & State	1 City & State			6. Election Campaign Financing 55.00 May Be	_	
— ·		FT. LAUDERDALE	FT. LAUDERDALE, FL 33316			Trust Fund Contribution Added to Fees		
Zip Country			Zip Country			8. This corporation owes the current year Intangible		
24	25		29 30			Personal Property Tax. Yes No		
<u> </u>	9. Name and Address of Curre		-			10. Name and Address of New Registered Agent		
			81	Nar	ne			
SAA	vedra, damaso w esqui		82	Stre	ot Addre	dress (P.O. Box Number is Not Acceptable)		
	SE 17TH ST		02	300	iệt Addie	11638 (1.10) DOX MUTIDOLIS NOT MODERADO)		
	FLOOR		83					
FT L	AUDERDALË FL 33316		84	Cib		85 Zip Code		
				'		FL	ļ	
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statutes	, the above	e-nam	ed corpo	poration submits this statement for the purpose of changing its registered	\neg	
office or n	egistered agent, or both, in the Stat m familiar with, and accept the oblig	e of Florida. Such change was auth nations of, Section 607,0505, Florid	honzed by Ia Statutes	the co i.	orporation	ion's board of directors. I hereby accept the appointment as registered	ĺ	
-	·	,				•		
SIGNATURE	Signature, typed or printed name of registered ag	jent and title if applicable. (NOTE: Ro	egistered Ager	nt signat	ire required	ed when reinstating) DATE		
12.	OFFICERS A	AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE			☐ Change ☐ Addit	on	
NAME	THE GLI THE LIST THE		1.2 NAME					
STREET ADDRESS 1500 NW FIRST STREET SUITE 1-0		IE 1-C	1.3 STREET ADDRESS		SS		Ì	
CITY-ST-ZIP	Dania FL		1.4 CITY-S	T-ZIP			_	
TITLE	VST	☐ DELETE	2.1 TITLE			☐ Change ☐ Addit	ЮΠ	
NAME	ROSS, JULES R.		2.2 NAME					
STREET ADDRESS	1500 NW FIRST STREET SUI	TE 1-C	2.3 STREET	T ADDRE	SS	•		
CITY-ST-ZIP	DANIA FL		2.4 CITY-5	ST-ZIP				
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NAME			3.2 NAME				ļ	
STREET ADDRESS			3.3 STREE	TADDRE	SS		ĺ	
CITY-ST-ZIP			3.4. CITY- 5	ST-ZIP				
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NAME	'		4. 2 NAME					
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NAME			6.2 NAME	T 1000	-00		ļ	
STREET ADDRESS			6.3 STREE	I AUURI	:00		ì	

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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

XATURE REQUIRED

Daytime Phone #