

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

FILED
May 15 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 # L47131 (2)
 1. Corporation Name
INDEPENDENCE ACCEPTANCE CORP.



Principal Place of Business: **GIBBONS, TUCKER, MILLER, WHATLEY & STEIN**
 8573 N DIXIE
 DAYTON OH 45414
 US

Mailing Address: **GIBBONS, TUCKER, MILLER, WHATLEY & STEIN**
 101 E. KENNEDY BLVD., SUITE 1000
 TAMPA FL 33602

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 **8573 N DIXIE DR**
 Suite, Apt. #, etc.
 22
 City & State
 23 **DAYTON OH**
 Zip
 24 **45414** Country
 25 **U.S.A.**

2a. Mailing Address
 26 **8573 N DIXIE DR**
 Suite, Apt. #, etc.
 27
 City & State
 28 **DAYTON OH**
 Zip
 29 **45414** Country
 30 **U.S.A.**

3. Date Incorporated or Qualified
01/29/1990

4. FEI Number
31-1291065
 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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
GIBBONS, TUCKER, MILLER, WHATLEY & STEIN
101 E. KENNEDY BLVD., SUITE 1000
TAMPA FL 33602

10. Name and Address of New Registered Agent
 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 (NOT: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DST <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KARSHNER, ROBERT L.	1.2 NAME	
STREET ADDRESS	14499 N DALE MABRY	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33634	1.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JULIEN, VINCE	2.2 NAME	
STREET ADDRESS	2079 N POINTE ALEXIS DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	TARPON SPRINGS FL	2.4 CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KARSHNER, JACK A.	3.2 NAME	
STREET ADDRESS	6350 TROY-FREDERICK RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	TIPP CITY OH	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 _____

CR2E034 (10/97)