

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L78459** (9)

1. Corporation Name

CONTINGENT PAYMENT ACCEPTANCE CORP.



Principal Place of Business

Mailing Address

**2000 W. COMMERCIAL BLVD.
117
FT. LAUDERDALE FL 33309
US**

**2000 W COMMERCIAL BLVD.
117
FORT LAUDERDALE FL 33309
US**

3. Date Incorporated or Qualified 06/07/1990	3a. Date of Last Report 07/07/1995
4. FEI Number 65-0202879	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**HUNTER LIPTON
7324 MAHOGANY BEND CT
BOCA RATON FL 33434**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. City
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 type or print in name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when transferring.)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD	11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUNTER LIPTON	12. NAME	
STREET ADDRESS	7324 MAHOGANY BEND CT	13. STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON FL	14. CITY - ST - ZIP	
TITLE	D	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIPTON, ROBERT	22. NAME	
STREET ADDRESS	7324 MAHOGANY BEND COURT	23. STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON FL	24. CITY - ST - ZIP	
TITLE	DP	31. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PROSS, DANA	32. NAME	
STREET ADDRESS	13320 NW 12TH CT	33. STREET ADDRESS	6245 NW 104 Way
CITY - ST - ZIP	SUNRISE FL	34. CITY - ST - ZIP	Parkland FL 33076
TITLE	VP	41. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PROSS, RANDY	42. NAME	
STREET ADDRESS	13320 NW 12TH	43. STREET ADDRESS	6245 NW 104 Way
CITY - ST - ZIP	SUNRISE FL	44. CITY - ST - ZIP	Parkland FL 33076
TITLE		51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY - ST - ZIP		54. CITY - ST - ZIP	
TITLE		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY - ST - ZIP		64. CITY - ST - ZIP	

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/10/96 954 771-4410

CR2E034 (3/96)