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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L78459 (9)
1. COPPORATION NAME
CONTINGENT PAYMENT ACCEPTANCE CORP.

FILED Apr 28 1997 8:00am Secretary of State



						1 (5), 9 (6), 1 (6), 8 (6), 1 (6), 9 (6), 1 (6), 1 (6), 1 (6), 1 (6), 1 (6), 1 (6), 1 (6), 1 (6), 1 (6), 1 (6)
Principal Place	e of Business	Mailing Address	Mailing Address		1 (00)(01) 817 10007 10114 01001 01119 1011	AIBII BIBIC BEBIT DIDIS BIBIT BIBIT SABE
2000 W. COMMERCIAL BLVD.		2000 W COMMERCIAL BLVD.				
117 FT. LAUDERDALE FL 33309 US		117 Fort Lauderdale FL 33309-3060 US				
				3. Date incorporated or Qualified 06/07/1990	3a. Date of Last Report 06/14/1996	
2. Principal P	lace of Business	2a. Mailing Address		······	4. FEI Number	Applied For
21		26		65-0202879	Not Applicable	
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip Country		8. This corporation has liability for i		
24	25]	1 Pagistared Agent	30]		Florida Statutes 10. Name and Address of New Re	Yes No
	9. Name and Address of Curren	it negistered Agent	8	1 Name	10. Name and Address of New Ne	gistered Agent
	NTER LIPTON					
7324 MAHOGANY BEND CT BOCA RATON FL 33434			8	2 Street Add	dress (P.O. Box Number is Not Acceptab	le)
			8	3		
			В	4 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, typod or printed name of registered agent and late if applicable. (NOTE Registered Agent signature required when reinstating). DATE						
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFFIC	
TITLE	VPD	☐ DELETE	1.1 THLE			L Change L Addition
NAME	HUNTER LIPTON		1.2 NAM			
STREET ADDRESS	7324 MAHOGANY BEND CT		1.3 STRE	E1 ADDRESS		
CITY-ST-ZIP	BOCA RATON FL	TT Stiere	14 CITY			Change Addition
TITLE	UPTON, ROBERT	☐ DELETE	2.1 11TLE			L_1 Change L_1 Authlion
NAME	7324 MAHOGANY BEND COU	יום	2.2 NAM			
STREET ADDRESS	BOCA RATON FL	IN I		LT ADDRESS	1.75 c	
CITY-ST-ZIP TITLE	DP	DELETE	2. 4 CITY 3.1 TITLE			Change Addition
NAME	PROSS, DANA	La occesio	3.2 NAM			المارين مهرسات الم
STREET ADDRESS	6245 NW 104 WAY			ET ADDRESS		
CITY-ST-ZIP	PARKLAND FL		3.4. CITY			
TITLE	VP DELETE		4.1 TITLE			Change Addition
NAME	PROSS, RANDY	•	4. 2 NAM	E		·
STREET ADDRESS	6245 NW 104 WAY			ET ADDRESS		
CITY-ST-ZIP	PARKLAND FL		4.4 CITY			
TITLE		DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAM			
STREET ADDRESS			5.3 STRE	FT ADDRESS		
CITY-ST-ZIP			5.4 CITY			
TITLE		DELETE	6.1 TITLE			Change Addition
NAME	·.		6.2 NAM	£ [
STREET ADDRESS	'		6.3 STRE	ET ADDRESS		
CITY-ST-ZIP			6.4 CITY	- \$1 - ZIP		

4. I do 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 attronument with an address.

TUDE: TOWN PO

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654) 771-4410