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Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90033 028 ***150.00

PROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # L78459

1. Corporation Name

CONTINGENT PAYMENT ACCEPTANCE CORP.

Principal Place of Business

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

Mailing Address

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/07/1990

4. FEI Number

65-0202879

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
 Added to Fees

8. This corporation owes the current year Intangible
 Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 **4631 NW 31st Ave**

2a. Mailing Address

26 **4631 NW 31st Ave**

Suite, Apt. #, etc.

22 **# 277**

Suite, Apt. #, etc.

27 **# 277**

City & State

23 **FT. Land FL**

City & State

28 **FT Land FL**

Zip

24 **33309**

Country

25 **USA**

Zip

29 **33309**

Country

30 **USA**

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

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

TITLE **VPD** ☐ DELETE

NAME **HUNTER LIPTON**
 STREET ADDRESS **7324 MAHOGANY BEND CT**
 CITY-ST-ZIP **BOCA RATON FL 33434**

TITLE **D** ☐ DELETE

NAME **LIPTON, ROBERT**
 STREET ADDRESS **7324 MAHOGANY BEND COURT**
 CITY-ST-ZIP **BOCA RATON FL 33434**

TITLE **DP** ☐ DELETE

NAME **PROSS, DANA**
 STREET ADDRESS **6245 NW 104 WAY**
 CITY-ST-ZIP **PARKLAND FL**

TITLE **VP** ☐ DELETE

NAME **PROSS, RANDY**
 STREET ADDRESS **6245 NW 104 WAY**
 CITY-ST-ZIP **PARKLAND FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

1700 S. Ocean Blvd #19A
Pompano Beach FL 33062

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

1700 S. Ocean Blvd #19A
Pompano Beach FL 33062

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE:

Dana Pross Dana Pross

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/8/99 954-782-8899

CR2E034 (1/98)