

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

FILED

Feb 18 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P00427 (5)

1. Corporation Name
MERCURY FINANCE COMPANY OF FLORIDA

Principal Place of Business
40 SKOKIE BLVD
SUITE 200
NORTHBROOK IL 60062-1620

Mailing Address
40 SKOKIE BLVD
SUITE 200
NORTHBROOK IL 60062-1615



2. Principal Place of Business
21 100 FIELD DR
Suite, Apt. #, etc.
22 340

2a. Mailing Address
26 100 FIELD DR
Suite, Apt. #, etc.
27 340

City & State
23 LAKE FOREST IL
Zip
24 60045-2580

City & State
28 LAKE FOREST FL
Zip
29 60045-2580

3. Date Incorporated or Qualified
12/29/1983

3a. Date of Last Report
02/08/1996

4. FEI Number
36-3259211

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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PCD	<input type="checkbox"/> DELETE
NAME	BRINCAT, JOHN N.	
STREET ADDRESS	40 SKOKIE BLVD #200	
CITY-ST-ZIP	NORTHBROOK IL	
TITLE	VCS	<input type="checkbox"/> DELETE
NAME	VALLEM, BRADLEY A.	
STREET ADDRESS	40 SKOKIE BLVD #200	
CITY-ST-ZIP	NORTHBROOK IL	
TITLE	VPT	<input checked="" type="checkbox"/> DELETE
NAME	POND, CHARLEY A.	
STREET ADDRESS	40 SKOKIE BLVD #200	
CITY-ST-ZIP	NORTHBROOK IL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BOSSON, RICHARD P	
STREET ADDRESS	40 SKOKIE BLVD., SUITE 200	
CITY-ST-ZIP	NORTHBROOK IL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	100 FIELD DR SUITE 340
1.4 CITY-ST-ZIP	LAKE FOREST IL 60045-2580
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VPT
2.3 STREET ADDRESS	100 FIELD DR SUITE 340
2.4 CITY-ST-ZIP	LAKE FOREST FL 60045-2580
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	100 FIELD DR SUITE 340
4.4 CITY-ST-ZIP	LAKE FOREST IL 60045-2580
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	VPS
5.3 STREET ADDRESS	DOYLE, JAMES A.
5.4 CITY-ST-ZIP	100 FIELD DR SUITE 340
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	LAKE FOREST IL 60045-2580
6.4 CITY-ST-ZIP	

14. 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 attachment with an address.

SIGNATURE: James A. Doyle 1-17-97 (847) 295-8600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)