

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

FILED
May 08 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 # P00427 (5)

1. Corporation Name
MERCURY FINANCE COMPANY OF FLORIDA



Principal Place of Business
100 FIELD DR
340
LAKE FOREST IL 60045-2580
US

Mailing Address
100 FIELD DR
340
LAKE FOREST IL 60045-2580
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/29/1983

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		36-3259211		Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		<input type="checkbox"/> Yes <input type="checkbox"/> 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
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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PCD	<input type="checkbox"/> DELETE	1.1 TITLE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BRINCAT, JOHN N.		1.2 NAME	WILLIAM A BRANDT, JR.			
STREET ADDRESS	100 FIELD DR STE 340		1.3 STREET ADDRESS				
CITY-ST-ZIP	LAKE FOREST IL		1.4 CITY-ST-ZIP				
TITLE	VPT	<input type="checkbox"/> DELETE	2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	VALLEM, BRADLEY A.		2.2 NAME	FRED C. CARUSO			
STREET ADDRESS	100 FIELD DR STE 340		2.3 STREET ADDRESS				
CITY-ST-ZIP	LAKE FOREST IL		2.4 CITY-ST-ZIP				
TITLE	VPS	<input type="checkbox"/> DELETE	3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DOYLE, JAMES A		3.2 NAME	PATRICK J. O'MALLEY			
STREET ADDRESS	100 FIELD DR STE 340		3.3 STREET ADDRESS				
CITY-ST-ZIP	LAKE FOREST IL		3.4 CITY-ST-ZIP				
TITLE	V	<input type="checkbox"/> DELETE	4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BOSSON, RICHARD P		4.2 NAME	BRADLEY D. SHARP			
STREET ADDRESS	100 FIELD DR STE 340		4.3 STREET ADDRESS				
CITY-ST-ZIP	LAKE FOREST IL		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

Patrick J. O'Malley

PATRICK J. O'MALLEY

4-28-98

(247) 295-8600

CR2E034 (10/97)