

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 26 PM 3:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P08825** (2)

1. Corporation Name
**SECURITY PACIFIC AUTOMOTIVE FINANCIAL SERVICES C
ORP.**

Principal Place of Business 1080 TREENA ST. SUITE 500 SAN DIEGO FL 92131	Mailing Address ATTN: TAX DEPT. #4400 10089 WILLOW CREEK RD. SAN DIEGO FL 92131 US
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 01/24/1986	3a. Date of Last Report 05/01/1994
4. FEI Number 77-0088430	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 10089 Willow Creek Road Suite, Apt. #, etc.	2a. Mailing Address 26 Attn: Tax Dept., #24400 Suite, Apt. #, etc.
22 City & State San Diego, CA	27 City & State
24 Zip 92131	25 Country
28 Zip	29 Country
30 Country	

8. 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 resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	FREEMAN, J. DAVID
STREET ADDRESS	10089 WILLOW CREEK RD.
CITY - ST - ZIP	SAN DIEGO CA
TITLE	PD
NAME	WHEELER, JOHN W.
STREET ADDRESS	10089 WILLOW CREEK RD.
CITY - ST - ZIP	SAN DIEGO CA
TITLE	D
NAME	JONES, JAMES G
STREET ADDRESS	555 CALIFORNIA ST.
CITY - ST - ZIP	SAN FRANCISCO CA
TITLE	VT
NAME	MCNABB, MARTIN L
STREET ADDRESS	10089 WILLOW CREEK RD.
CITY - ST - ZIP	SAN DIEGO CA
TITLE	S
NAME	SOROKIN, CHERYL A
STREET ADDRESS	555 CALIFORNIA ST.
CITY - ST - ZIP	SAN FRANCISCO CA
TITLE	AT
NAME	CHAN-SHAFFER, CLAUDIA
STREET ADDRESS	10089 WILLOW CREEK RD.
CITY - ST - ZIP	SAN DIEGO CA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Martin L McNabb* & *Claudia Chan-Shaffer*, Assistant Treasurer **4/1/95** (619) 530-9539
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date