

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Aug 01 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P17473 (0)
1. Corporation Name
METLIFE FINANCIAL ACCEPTANCE CORPORATION



Principal Place of Business
47 PERIMETER CENTER EAST #210
WARWICK, RI
WARWICK RI 02886
US

Mailing Address
700 QUAKER LANE
P. O. BOX 467609
WARWICK RI 02886
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 700 Quaker Lane Suite, Apt. #, etc. 22 P.O. Box 350 City & State 23 Warwick, RI Zip 24 02886-6669	2a. Mailing Address 25 700 Quaker Lane Suite, Apt. #, etc. 27 P.O. Box 350 City & State 28 Warwick, RI Zip 29 02886-6669	3. Date Incorporated or Qualified 12/31/1987	3a. Date of Last Report 07/18/1996	4. FEI Number 22-2853995	Applied For 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 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

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MELLON, RICHARD J.	
STREET ADDRESS	ONE MADISON AVENUE	
CITY-ST-ZIP	NEW YORK NY	
TITLE	V	<input type="checkbox"/> DELETE
NAME	LOMBARDO, JOHN S.	
STREET ADDRESS	700 QUAKER LANE	
CITY-ST-ZIP	WARWICK RI	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	REITER, ELLIOT	
STREET ADDRESS	ONE MADISON AVENUE	
CITY-ST-ZIP	NEW YORK NY	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HARVEY, ROBERT W. JR.	
STREET ADDRESS	700 QUAKER LANE	
CITY-ST-ZIP	WARWICK RI	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BERSTEIN, RICHARD W.	
STREET ADDRESS	700 QUAKER LANE	
CITY-ST-ZIP	WARWICK RI	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MCSWEENEY, JOHN J.	
STREET ADDRESS	700 QUAKER LANE	
CITY-ST-ZIP	WARWICK RI	

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Daniel Cavanagh	
1.3 STREET ADDRESS	700 Quaker Lane	
1.4 CITY-ST-ZIP	Warwick, RI 02886-6669	
2.1 TITLE	VD	<input checked="" 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	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	SD	<input checked="" 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 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:

[Signature]

07/22/97 (401) 827-2515

CR2E034 (4/97)