

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

FILED

May 08 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 # P36343 (2)

Corporation Name
MEDLEY CREDIT ACCEPTANCE CORP.

Principal Place of Business
1 NW SOUTH RIVER DR
MI FL 33178

Mailing Address
10910 NW SOUTH RIVER DR
1004
MIAMI FL 33178-1131
US



3. Date Incorporated or Qualified 11/12/1991
3a. Date of Last Report 05/29/1996

Principal Place of Business 26. Mailing Address
26. FEI Number 13-3571419
Applied For Not Applicable

Suite, Apt. #, etc. 27. Suite, Apt. #, etc.
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

City & State 28. City & State
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

Zip 25. Country 29. Zip 30. Country
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROSEN, EVE, ESQ
8700 N. ANDREWS AVE
CYPRESS PARK WEST STE 400
FT LAUDERDALE FL 33309
Eve Rosen Esq
33 NE 2nd Street
Ft. Lauderdale
FL 33301

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 N/A Just change of address
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	PT <input type="checkbox"/> DELETE	1.1 TITLE	PT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRESS, ROBERT D.	1.2 NAME	ROBERT D Press
STREET ADDRESS	10048 NW 16TH COURT	1.3 STREET ADDRESS	1000 Williams Island Blvd #252
CITY-ST-ZIP	PLANTATION FL	1.4 CITY-ST-ZIP	N. Miami Beach, FL 33160
TITLE	CS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDELSON, STEVE	2.2 NAME	
STREET ADDRESS	8702 COLONIAL ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKLYN NY	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	VP/Asst. Sec <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Alyce Schreiber
STREET ADDRESS		3.3 STREET ADDRESS	244 Three Islands Blvd #307
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Hallandale, FL 33009
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		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 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, unchanged, or on an attachment with an address.

SIGNATURE: Robert Men *Robert Men* 4/30/97 305-889-1900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)