

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P92000003096 (4)

1. Corporation Name

NATIONSCREDIT FINANCIAL SERVICES CORPORATION OF FLORIDA



Principal Place of Business

Mailing Address

**1105 HAMILTON STREET
ALLENTOWN PA 18101-1086
US**

**1105 HAMILTON STREET/C/O TAX DEPT
1105 HAMILTON STREET
ALLENTOWN PA 18101-1086
US**

3. Date Incorporated or Qualified
11/09/1992

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip Country

29 Zip Country

4. FEI Number

56-1796722

Applied For
Not Applicable

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

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION FL 33324**

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 of officer or printed name of registered agent and the if applicable

(If the Registered Agent's signature is required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MAJOR, ROBERT A	
STREET ADDRESS	R R 9, MERRYWEATHER DR	
CITY-ST-ZIP	BETHLEHEM PA	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	DOWNING, JAMES H	
STREET ADDRESS	% COACHAUS, 107 N 8TH ST	
CITY-ST-ZIP	ALLENTOWN PA	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PETERS, RICHARD C	
STREET ADDRESS	886 DORSET RD	
CITY-ST-ZIP	ALLENTOWN PA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BALASCKI, PAUL D	
STREET ADDRESS	4410 SPRUCE ST	
CITY-ST-ZIP	WHITEHALL PA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BODNAR, STEPHEN A	
STREET ADDRESS	930 NORTH MUHLBERG STREET	
CITY-ST-ZIP	ALLENTOWN PA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	LUTZ, LISA A	
STREET ADDRESS	343 LUELLA DR	
CITY-ST-ZIP	KUTZTOWN PA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add on
1.2 NAME	CRAFT, DENNIS L.	
1.3 STREET ADDRESS	4520 ALEXANDRA DRIVE	
1.4 CITY-ST-ZIP	COLLEGEVILLE, TX	
2.1 TITLE	VPTD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	ANGELILLI, LAWRENCE	
2.3 STREET ADDRESS	2078 DENNIS LANE	
2.4 CITY-ST-ZIP	BETHLEHEM, PA	
3.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	DUBBS, BRADLEY A.	
3.3 STREET ADDRESS	5306 HOFFMAN DRIVE, S.	
3.4 CITY-ST-ZIP	SCHNECKSVILLE, PA	
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)(f), 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: **S.A. BODNAR** *S.A. Bodnar*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VICE PRESIDENT 04/28/96 (610) 437-8079

Date

Office Phone #

CR2E034 (12/95)