

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

FILED  
Feb 04 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 # P92000003096 (4)  
1. Corporation Name  
NATIONSCREDIT FINANCIAL SERVICES CORPORATION OF  
FLORIDA



Principal Place of Business 225 E JOHN CARPENTER FREEWAY SUITE 1000 IRVING TX 75062 US	Mailing Address CANTERBURY GREEN 201 BROAD STREET STAMFORD CT 06901 US
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 11/09/1992	
				4. FEI Number 56-1796722	
				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 C T CORPORATION SYSTEM 1200 S PINE ISLAND RD 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRAFT, DENNIS L.	1.2 NAME	
STREET ADDRESS	4520 ALEXANDRA DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	COLLEYVILLE TX 76034	1.4 CITY-ST-ZIP	
TITLE	VTD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANGELILLI, LAWRENCE	2.2 NAME	
STREET ADDRESS	4504 STANHOPE AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX 75205	2.4 CITY-ST-ZIP	
TITLE	CFO	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUTRONA, JOSEPH A	3.2 NAME	
STREET ADDRESS	2612 SHADOW RIDGE DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ARLINGTON TX 76008	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOFF, ALAN A	4.2 NAME	
STREET ADDRESS	20 SPLIT LEVEL ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	RIDGEFIELD CT 06877	4.4 CITY-ST-ZIP	
TITLE	VS	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLZ, ROBERT J	5.2 NAME	
STREET ADDRESS	4901 GREEN OAKS	5.3 STREET ADDRESS	
CITY-ST-ZIP	COLLEYVILLE TX 76034	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LA MARCA, CHARLES	6.2 NAME	
STREET ADDRESS	40 FORESTDALE AVENUE	6.3 STREET ADDRESS	
CITY-ST-ZIP	MONROE NY 10950	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 \_\_\_\_\_

CR2E034 (10/97)