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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000018579 (0)

DEALERS ACCEPTANCE CORPORATION

VEALE	no Accertance conf	ONATION						
Principal Plac	ce of Business	Mailing Address	·····				14416 4 4616 1831 184 1	
2699 STIRLIN		2699 STIRLING	ROAD					
SUITE C-401 FT. LAUDERDALE FL 33312 US SUITE C-401 FT. LAUDERDALE FL 33312 US US						DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified	·	
						03/07/1994		
2. Principal F	Place of Business	2a. Mailing Addr	966		······································	4, FEI Number	Applied For	
21		26				65-0557142	Not Applicab	
Suite, Apt.	#, etc.	Suite, Apt. #,	etc.				.75 Additional se Required	
City & Stat	10	City & State						
23	te	28					5.00 May Be dded to Fees	
Zip	Country	Zip	Co	ountry		8. This corporation owes or has paid the current ye		
24	25	29	30	•		Personal Property Tax due June 30. Yes		
	9. Name and Address of Cur			Т		10. Name and Address of New Registered Agent		
	OMA, GARY			81	Name			
2699 STIRLING RD., SUITE C-401				82	Street Add	ess (P.O. Box Number is Not Acceptable)		
FT. LAUDERDALE FL 33312				L				
				83				
				84 City 85 Zip Code				
					<u> </u>	FL ^~`		
SIGNATURE	Signature, typed or printed name of registered	d agent and title if applicable				poration submits this statement for the purpose of chan ion's board of directors. I hereby accept the appointment ad when reinstating) DATE		
12.		AND DIRECTORS	13		 _	ADDITIONS/CHANGES TO OFFICERS AND DIRE		
TITLE	PD HOMA CARY	☐ DE		TITLE	Ī	□ CI	nange 🔲 Additio	
NAME	HOMA, GARY 2699 STIRLING ROAD, SU	ITE C 401		NAME				
STREET ADDRESS	FT. LAUDERDALE FL.	HE CHUI	1		ADDRESS			
CITY-ST-ZIP	VP VP	DE		CITY-S	ST-ZIP		ange 🔲 Additio	
NAME	GOMEZ, NORIS	_ DC		TITLE Name			en-go La Additio	
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14. Thereby 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 of the receiver of 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 financial manual 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 of the receiver of 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 financial manual 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 of the receiver of 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 financial manual 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 of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes.

62 NAME

6.3 STREET ADDRESS 6.4 City-St-Zip

DELETE

SIGNATURE:

NAME

STREET ADDRESS

(954)986-7007

Change

Addition

FILED

Apr 15 1998 8:00am

Secretary of State