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

**PROFIT CORPORATION ANNUAL REPORT** 1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9400060879 (1)

FLORIDA AUTO FINANCE CORP.

Principal Place	of Business
2000 DOUGLAS	ROAD

Mailing Address

## **FILED** Apr 29 1997 8:00am Secretary of State



911 DOUGLAS CENTRE CORAL GABLES FL 33134		91	911 DOUGLAS CENTRE CORAL GABLES FL 33134-6127				October 1997	T			_		
		·						<ol> <li>Date Incorporated or Qualified 08/15/1994</li> </ol>		te of Last P <b>)1/1996</b>	leport		
2. Principal Place of Business			28	2a. Mailing Address				4. FEI Number		Ar	pplied For	1	
21			26	26				65-0511155	Not Applic			٦	
Sulte, Apt. #, etc.				Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required				
City & State			28	City & State				Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees				
Zip						untry	,		ntoneible.			1	
24	25	<u>,</u>	29	•	30			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes					
		nd Address of Current	Regis	egistered Agent			· · · · · ·	10. Name and Address of New Registered Agent					
IIIS	TIG, ROY R I					81	Name					┪	
2600 DOUGLAS ROAD 911 DOUGLAS CENTRE							Street Ac	ddress (P.O. Box Number is Not Acceptable)					
COF	ral Gables	FL 33134				83							
						84	City		FL	85 Zip (	Code		
Office of te	anistatan anan	ns of Sections 607.0502 it, or both, in the State of and accept the obligat	n Hori	da. Such chango was :	Authoriza	ad be	v the corro	orporation submits this statement for the p ration's board of directors. I hereby accep	urnoen of	changing it sintment as	s registered registered	-	
SIGNATURE		printed name of registered agent						quited when reinstating)	DATE				
12.	····	OFFICERS AND			13.			ADDITIONS/CHANGES TO OFFIC		DIRECTOR	IS IN 12	18	
TITLE	D			DELETE	1.17	ITLE		7.0011101001711110201001110	LITOTATE	Change	Addition	- 80/0	
NAME	LUSTIG, RO	DY R			1.21	NAME						2	
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STREET ADDRESS		<u> </u>		,	6.3 S	TREET	ADDRESS						
CITY-ST-ZIP	u partify that th	//_			6.40	IIY	I-ZIP				r	1	
THE LOOP DOLOR	ur namu inal ir	ACTIONOLIMATICAL DISCOLIMA	south th	NO DUDO ADOD DOLOUÓ	*** ***		mantion state	and in Consider 440 07(0)(i) Fracing Outstand					

lify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the true and accurate and that my signature shall have the same legal effect as if made under eath; that the cored to execute this report as required by Chapter 607, Florida Statutes; and that my name Information indicated on this prinual report or supplemental I am an officer or director of the conforation or the receive appears in Block 12 or Block 13-1 changed, or on, an example of the conformation of the receive appears in Block 12 or Block 13-1 changed, or on, an example of the conformation of the