

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000039925 1. Corporation Name SPECIAL FINANCE, INC.			
Principal Place of Business 500 CYPRESS CREEK ROAD WEST SUITE 590 FT. LAUDERDALE, FL 33309		Mailing Address SAME	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 25 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30	
3. Date Incorporated or Qualified 5-19-95		4. FEI Number 65-0648749	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input checked="" 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			
8. Name and Address of Current Registered Agent MARCOS PADIN, Esq. 500 CYPRESS CREEK ROAD WEST SUITE 590 FT. LAUDERDALE, FLORIDA 33309		10. Name and Address of New Registered Agent 81 Name R. H. NEWMAN JONES, Esq. 82 Street Address (P.O. Box Number is Not Acceptable) 500 CYPRESS CREEK ROAD WEST 83 SUITE 590 84 City FT. LAUDERDALE FL 85 Zip Code 33309	
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 R. H. Newman Jones		DATE	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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 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 person 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.		700002664867-8 -10/15/98--01085--001 SCC 10-15-98 ****952.50 ****158.75	
SIGNATURE: [Signature]		Date 10/7/98 (954) 558-3673	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ANDREW CHABE VICE PRESIDENT - FINANCE		Daytime Phone #	



**NAL  
Acceptance  
Corporation**

**R.K. KENNON JONES**  
Assistant Counsel  
Ph: (954) 958-3810  
Fax: (954) 958-3584

October 9, 1998

**Mr. Sean Toner** **Via FedEx Mail, next business morning delivery**  
**Administrator**  
**Annual Report Section (Domestic Corporations)**  
**Office of Florida Secretary of State**  
**409 East Gaines Street**  
**Tallahassee, Florida 32399**

Re: 1998 Profit Corporation Annual Report  
NAL Acceptance Corporation  
NAL Mortgage Corporation  
NAL Insurance Services, Inc.  
NAL Financial Group, Inc.  
Special Finance, Inc.  
Lease Asset Management, Inc.

Dear Mr. Toner:

Herewith for filing are the 1998 Profit Corporation Annual Reports for the above-noted Florida corporations. These are being filed late, principally due to the circumstance of the status of NAL Acceptance Corporation in Chapter 11 Bankruptcy, effective March 23, 1998 (see copy of enclosed Notice).

We are asking that your Section waive all late fees for these filings because we did not receive a First Notice from your office alerting us to the filing delinquency.

Accordingly, enclosed is NAL's Check No. 100883 for \$952.50 to cover the \$150 filing fee for each plus \$8.75 for a current Certificate of Status for each.

Sincerely,

*R.K. Kennon Jones*  
R.K. Kennon Jones  
Assistant Counsel

10/9/98/j:/kj/nalcorp/nalstlic/florida/ltrss109.1