

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 06, 1999 8:00 am
Secretary of State

07-06-1999 90012 036 ***550.00

DOCUMENT # 995000039925

1. Corporation Name

Special Finance, Inc.

Principal Place of Business

Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
May 19, 1995

2. Principal Place of Business

2a. Mailing Address

21 5217 Coconut Creek Pkwy

26 11825 N. Pennsylvania St.

4. FEI Number

65-0648749

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

22

City & State

27 A2A

City & State

23 Margate, FL

28 Carmel, IN

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

Zip

Country

24 33063

25 US

Zip

Country

29 46032

30 US

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

R. K. Kennon Jones, Esq.
5217 Coconut Creek Pkwy
Margate, FL 33063

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME Dyer, William B.
1.3 STREET ADDRESS 5217 Coconut Creek Pkwy
1.4 CITY-ST-ZIP Margate, FL 33063

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE COBD ☒ Change ☐ Addition
2.2 NAME Larkin, James J.
2.3 STREET ADDRESS 11825 N. Pennsylvania Street
2.4 CITY-ST-ZIP Carmel, IN 46032

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE VPSD ☒ Change ☐ Addition
3.2 NAME Combs, Andrew S.
3.3 STREET ADDRESS 745 Fifth Avenue, Suite 2700
3.4 CITY-ST-ZIP New York, NY 10151

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE VPT ☒ Change ☐ Addition
4.2 NAME Haseley, Timothy W.
4.3 STREET ADDRESS 11825 N. Pennsylvania Street
4.4 CITY-ST-ZIP Carmel, IN 46032

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME Bonnet, Michael F.
5.3 STREET ADDRESS 745 Fifth Avenue, Suite 2700
5.4 CITY-ST-ZIP New York, NY 10151

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James J. Larkin

Date

(317)817-6000

Daytime Phone #

CR2E034 (11/98)