


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

FILED  
May 20 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000040033 (9)

1. Corporation Name

~~SECURITY FINANCIAL INVESTMENTS OF OCALA, INC.~~

CMC ACCEPTANCE CORP. NC 1-80

Principal Place of Business

2801 SW COLLEGE ROAD  
SUITE 21  
OCALA FL 34474  
US

Mailing Address

PO BOX 4397  
OCALA FL 34474-4397  
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 Suite, Apt. #, etc.		25 28904 VALLEY CENTER RD.		05/18/1995	04/29/1996
22 City & State		27 VALLEY CENTER, CA		4. FEI Number	Applied For
23 Zip		28 92082		59-3316215	Not Applicable
24 Country		30 USA		5. Certificate of Status Desired	\$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
LALLY, LUCINDA J 5157 NE 60TH TERRACE SILVER SPINGS FL 34488		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	D	1.1 TITLE	VICE PRESIDENT/SECRETARY and Director
NAME	LALLY, JAMES A	1.2 NAME	Charles B. Whitfield
STREET ADDRESS	5157 NE 60TH TERRACE	1.3 STREET ADDRESS	28904 Valley Center Rd
CITY-ST-ZIP	SILVER SPINGS FL 34488	1.4 CITY-ST-ZIP	Valley Ctr, CA. 92082
TITLE	D	2.1 TITLE	
NAME	LALLY, LUCINDA J	2.2 NAME	
STREET ADDRESS	5157 NE 60TH TERRACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	SILVER SPINGS FL 34488	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 \_\_\_\_\_ 4-30-97 (960) 714-0073

CR2E034 (9/96)