

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000057623 (7)

1. Corporation Name

ALTERNATIVE AUTO FINANCE CORPORATION



Principal Place of Business

250 LAKE DESTINY TRAIL
ALTAMONTE SPRINGS FL 32914

Mailing Address

250 LAKE DESTINY TRAIL
ALTAMONTE SPRINGS FL 32914

3. Date Incorporated or Qualified

07/16/1995

3a. Date of Last Report

2. Principal Place of Business

21 830 E Hwy 434

Suite, Apt. #, etc.

22 3

City & State

23 Longwood, FL

Zip

24 32750

Country

25 US

2a. Mailing Address

26 Same.

Suite, Apt. #, etc.

27 City & State

28

Zip

29

Country

30

4. FEI Number

59-3370720

Applied For

Not Applicable

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

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

JAMES, ADAM
250 LAKE DESTINY TRAIL
ALTAMONTE SPRINGS FL 32914

10. Name and Address of New Registered Agent

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 of agent or corporation

(Note: Registered Agent Signature is required when filing this report)

(Date)

12. OFFICERS AND DIRECTORS

TITLE VP
NAME JAMES, ADAM
STREET ADDRESS 250 LAKE DESTINY TRAIL
CITY - ST - ZIP ALTAMONTE SPRINGS FL 32914

☐ DELETE

TITLE Pres.
NAME Vonnie D. Burton
STREET ADDRESS 331 Fernand Dr.
CITY - ST - ZIP Longwood, FL 32750

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Adam James

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/29/96

Daytime Phone #

CR2E034 (12/95)