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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P96000013437 (4)**

1. Corporation Name
FIRST FINANCIAL ACCEPTANCE, INC.

Principal Place of Business	Mailing Address
515 EAST LAS OLAS BLVD. SUITE 900 FORT LAUDERDALE FL 33301	515 EAST LAS OLAS BLVD. SUITE 900 FORT LAUDERDALE FL 33301-2268

3. Date Incorporated or Qualified: 02/12/1996
3a. Date of Last Report: INITIAL

2. Principal Place of Business	2a. Mailing Address
21 515 EAST LAS OLAS BLVD	26 515 EAST LAS OLAS BLVD.
Suite, Apt. #, etc. 22 SUITE 910	Suite, Apt. #, etc. 27 SUITE 910
City & State 23 FT. LAUDERDALE FLORIDA	City & State 28 FT. LAUDERDALE, FLORIDA
Zip 24 33301 Country 25 USA	Zip 29 33301 Country 30 USA

4. FEI Number: 65-0642574 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution NA ☐ **$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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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. NA

SIGNATURE: NA (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/C/P ☐ DELETE	1.1 TITLE	☑ Change ☐ Addition
NAME	TAYLOR, TERRY	1.2 NAME	
STREET ADDRESS	% 515 E. LAS OLAD BLVD., SUITE 900	1.3 STREET ADDRESS	c/o 515 EAST LAS OLAS BLVD, SUITE 910
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	1.4 CITY-ST-ZIP	FT. LAUDERDALE, FLORIDA 33301
TITLE	V/PRES/ASST T/D ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	SPETTIGUE, FRANK	2.2 NAME	
STREET ADDRESS	515 EAST LAS OLAS BLVD. SUITE 910	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE, FLORIDA 33301	2.4 CITY-ST-ZIP	
TITLE	S/V ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	RODRIGUEZ, CECILIO M.	3.2 NAME	
STREET ADDRESS	515 EAST LAS OLAS BLVD. SUITE 910	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE, FLORIDA 33301	3.4 CITY-ST-ZIP	
TITLE	T/D ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	DELHASS, DAVID A.	4.2 NAME	
STREET ADDRESS	515 EAST LAS OLAS BLVD., SUITE 910	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE, FLORIDA 33301	4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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: [signature] 3-18-97 800 870-1908

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: CECILIO M. RODRIGUEZ Vice President of Finance and Secretary — Date — Daytime Phone #

0258395