

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

FILED

Feb 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000013437 (4)

1. Corporation Name

FIRST FINANCIAL ACCEPTANCE, INC.

Principal Place of Business

515 EAST LAS OLAS BLVD.
SUITE 910
FORT LAUDERDALE FL 33301
US

Mailing Address

515 EAST LAS OLAS BLVD.
SUITE 910
FORT LAUDERDALE FL 33301
US

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

02/12/1996

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

☐ **\$5.00** May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	25
29	30

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.

SIGNATURE

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

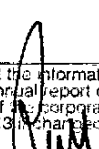
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	DCP <input type="checkbox"/> DELETE
NAME	TAYLOR, TERRY
STREET ADDRESS	515 E LAS OLAS BLVD., SUITE 910
CITY-ST-ZIP	FORT LAUDERDALE FL
TITLE	VSD <input checked="" type="checkbox"/> DELETE
NAME	SPETZLER, FRANK
STREET ADDRESS	515 E LAS OLAS BLVD., SUITE 910
CITY-ST-ZIP	FT LAUDERDALE FL
TITLE	SV <input checked="" type="checkbox"/> DELETE
NAME	RODRIGUEZ, CECILIO M.
STREET ADDRESS	515 E LAS OLAS BLVD., SUITE 910
CITY-ST-ZIP	FT LAUDERDALE FL
TITLE	TD <input checked="" type="checkbox"/> DELETE
NAME	DEHASS, DAVID A.
STREET ADDRESS	515 E LAS OLAS BLVD., SUITE 910
CITY-ST-ZIP	FT LAUDERDALE FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	TERRY TAYLOR
1.3 STREET ADDRESS	515 E LAS OLAS BLVD SUITE 910
1.4 CITY-ST-ZIP	FT LAUDERDALE FL 33301
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	PDT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Robert Zankl
5.3 STREET ADDRESS	515 EAST LAS OLAS BLVD SUITE 910
5.4 CITY-ST-ZIP	FT. LAUD FL. 33301
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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, as changed, or on an attachment with an address.

SIGNATURE:  SIGNATURE REQUIRED

CR2E034 (10/97)