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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

LINITED SERVICES ACCEPTANCE CORPORATION

Principal Place of Business 120 CHEFS WAY, SUTE PRISACOLA FI, 32007 S	OMITEO	OLIMOLO ROCLI MICE	. COM CHATION	·				
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City & State 28 Zip Country 28 Zip Country 28 Zip Country 28 Zip Country 28 Name and Address of Current Registered Agent RRAWCHUCK, WILLIAM P 12 Address of Florida Statutes. First Address of Sections 607 000 Florida Statutes. Signature Typical in protest state of Engineering agent and accept the obligations of Section 607 500 Florida Statutes. Signature Typical in protest state of Engineering agent and accept the obligations of Section 607 500 Florida Statutes. Signature Typical in protest state of Engineering was authorized by the corporation's board of directors. I thereby accept the appointment as registered agent. In many and accept the obligations of Section 607 500 Florida Statutes. SIGNATURE PS KRAWCHUCK, WILLIAM P 15 Addition PS KRAWCHUCK, WILLIAM P 15 Addition NAME SIRET ADDRESS CITY ST 2P TITLE A CITY ST 2P TITLE NAME SIRET ADDRESS CITY ST 2P TITLE CITATOR ST 2P							5. Certificate of Status Desired	·
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28	23							
9. Name and Address of Current Registered Agent KRAWCHUCK, WILLIAM P 120 CHEIPS' WAY, SUITE 1 PENSACOLA FL 32507 82 Street Address (P.O. Box Number is Not Acceptable) 83		Country	Ζιp		Country	1	8. This corporation owes or has paid the	
STREET ADDRESS STRE	24							
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 holf, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and manifer with, and accept the obligations of, Section 607,0505. Florida Statutes. SIGNATURE PS	L/D		nt Hegistered Agent			Namo	10. Name and Address of New Hegisters	od Agent
PENSACOLA FL 32507 State								
### City ### City ### City ### Addition for registered agent, or both, in the State of Florida. Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. ### STREET ADDRESS DELETE 1.1 TITLE DELETE 1.2 STREET ADDRESS 1.2 CITY-ST-27P 1.1 TITLE DELETE 3.1 TITLE DELETE 3.				82	Street Addr	ess (P.O. Box Number is Not Acceptable)		
19. Pursuant to the provisions of Sections 607 05:02 and 607 15:06. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607,05:05, Florida Statutes. SIGNATURE Signature, hipsel or princiname of recovered agric and size if agricable (NOTE Registered Agent algorithm equilibrium) DATE	, .,	TOROUGH TE GEOGR			83			· · · · · · · · · · · · · · · · · · ·
19. Pursuant to the provisions of Sections 607 05:02 and 607 15:06. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607,05:05, Florida Statutes. SIGNATURE Signature, hipsel or princiname of recovered agric and size if agricable (NOTE Registered Agent algorithm equilibrium) DATE								
19. Pursuant to the provisions of Sections 607 0502 and 607 1509. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE Signature, typed or protect name of represented agent and size if approache makes the protect of the purpose of changing its registered statutes. Signature, typed or protect name of represented agent and size if approache makes the protect of the purpose of changing its registered statutes. Signature, typed or protect name of represented agent and size if approache makes the protect of the purpose of changing its registered agent. I am familiar with, and accept the approache of the purpose of change interest agent. I am familiar with, and accept the approache of the purpose of change interest agent. I am familiar with, and accept the approache of the purpose of change interest agent. I am familiar with, and accept the approache of the purpose of change interest agent. I am familiar with, and accept the approache of the purpose of change interest agent. I am familiar with, and accept the approache of the purpose of change interest agent. I am familiar with, and accept the approache of the protect of the purpose of the approache of the purpose of the purpose of the approache of the purpose of the approache of the purpose of the purpose of the purpose of the approache of the purpose o						City	F	85 Zip Code
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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 another 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 attention with an address.

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

850-4530605

FILED

Mar 24 1998 8:00am

Secretary of State