

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000080127

1. Corporation Name

FIRST CAPITAL ACCEPTANCE CORP.

Principal Place of Business

4801 N.W. 17TH WAY  
SUITE 407  
FT. LAUDERDALE FL 33309-3773

Mailing Address

4801 N.W. 17TH WAY  
SUITE 407  
FT. LAUDERDALE FL 33309-3773

FILED  
May 06, 1999 8:00 am  
Secretary of State

05-06-1999 90100 013 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/25/1996

4. FEI Number

65-0830848

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 the current year Intangible  
Personal Property Tax.

Yes ☐ No ☒

2. Principal Place of Business

21 3840 W. HILLSBORO BLVD

Suite, Apt. #, etc.

22 PMB 156

City & State

23 DEERFIELD BEACH FL

Zip

24 33442

Country

25 USA

2a. Mailing Address

26 3840 W. HILLSBORO BLVD

Suite, Apt. #, etc.

27 PMB 156

City & State

28 DEERFIELD BEACH FL

Zip

29 33442

Country

30 USA

9. Name and Address of Current Registered Agent

~~PARADISO, DON A~~  
~~5874 DEERFIELD PLACE~~  
~~LAKE WORTH FL 33463~~

81 Name

FRED E. MORGENSTEIN

82 Street Address (P.O. Box Number is Not Acceptable)

3840 W. HILLSBORO BLVD PMB 156

83

84 City

DEERFIELD BEACH

FL

85 Zip Code

33442

10. Name and Address of New Registered Agent

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

*FRED E. MORGENSTEIN*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

04/28/99  
DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME M MORGENSTEIN, FRED

STREET ADDRESS 4801 NW 17TH WAY STE 407

CITY-ST-ZIP FT LAUDERDALE FL 33309-3773

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change ☐ Addition

3840 W. HILLSBORO BLVD PMB 156

DEERFIELD BEACH, FL 33442

☐ Change ☐ Addition

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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 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, with all other like empowered.

SIGNATURE:

*FRED E. MORGENSTEIN*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/28/99  
Date

954 557-3651  
Daytime Phone #

CR2E034 (11/98)