

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

FILED
Jun 17 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 # **P97000015038 (7)**

1. Corporation Name

AUTO FINANCE AMERICA, INC.



Principal Place of Business

**456 HARRISON AVE
PANAMA CITY FL 32401**

Mailing Address

**456 HARRISON AVE
PANAMA CITY FL 32401**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/17/1997	
21	1450 HARRISON AVE	26	1450 HARRISON AVE	4. FEI Number 59-3433213	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
22		27		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State PANAMA CITY FL		City & State PANAMA CITY FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23		28		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24	32401	29	32401		
Country		Country			
8. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
NABORS, SCOTT R 456 HARRISON AVE PANAMA CITY FL 32401					
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 607.0602 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 607.0605, 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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PRESIDENT	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SCOTT D. POPPELL			1.2 NAME			
STREET ADDRESS	329 LINDEN PL.			1.3 STREET ADDRESS			
CITY-ST-ZIP	LYNN HAVEN, FL. 32444			1.4 CITY-ST-ZIP			
TITLE	V.P. PRES. SECY.	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JOHN S. POPPELL			2.2 NAME			
STREET ADDRESS	P.O. BOX 27041			2.3 STREET ADDRESS	4320 LEGEND PLACE		
CITY-ST-ZIP	PANAMA CITY FL. 32411			2.4 CITY-ST-ZIP	PANAMA CITY, FL. 32411		
TITLE	V.P. TREAS.	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GERALD L. DIAMOND			3.2 NAME			
STREET ADDRESS	19612 OAKBROOK C. BOCA			3.3 STREET ADDRESS			
CITY-ST-ZIP	RATON, FL. 33434	<input type="checkbox"/> DELETE		3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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 registered 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

[Handwritten signatures and dates]
June 2, 1998 769-2199

CR2E034 (10/97)