

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

APPROVED
AND
FILED

1998 OCT 15 PM 3:01

NOTARIAL PUBLIC
STATE OF FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000017395

1. Corporation Name

LEASE ASSET MANAGEMENT, INC.

Principal Place of Business

Mailing Address

500 CYPRESS CREEK ROAD WEST
SUITE 590
FT. LAUDERDALE, FL 33309

SAME

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

2-1-97

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

4. FEI Number	Applied For
65-0734379	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

9. Name and Address of Current Registered Agent

MENEDIS PADIN, ESQ.
500 CYPRESS CREEK ROAD WEST
SUITE 590
FT. LAUDERDALE, FLORIDA 33309

10. Name and Address of New Registered Agent

81 Name R. L. KENNON JONES, ESQ.
82 Street Address (P.O. Box Number is Not Acceptable) 500 CYPRESS CREEK ROAD WEST
83 SUITE 590
84 City FT. LAUDERDALE FL 85 Zip Code 33309

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 R. L. Kennon Jones

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

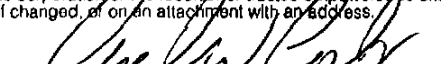
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
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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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CHIEF EXECUTIVE OFFICER
1.3 STREET ADDRESS	WILLIAM B. DYER
1.4 CITY-ST-ZIP	500 CYPRESS CREEK ROAD WEST FT. LAUDERDALE, FL 33309
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	V.P.
2.3 STREET ADDRESS	ANDREW COMBS
2.4 CITY-ST-ZIP	500 CYPRESS CREEK ROAD WEST FT. LAUDERDALE, FL 33309
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	D. NGARE CUNEO
3.3 STREET ADDRESS	500 CYPRESS CREEK ROAD WEST
3.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33309
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	D. MICHAEL BONNET
4.3 STREET ADDRESS	500 CYPRESS CREEK ROAD WEST
4.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33309
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	D. ANDREW HUBBARD
5.3 STREET ADDRESS	500 CYPRESS CREEK ROAD WEST
5.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33309
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 if changed, or on an attachment with an address.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM B. DYER VICE PRESIDENT - FINANCE

Date

10/7/98 (954) 583-3623

Daytime Phone #



**NAL
Acceptance
Corporation**

R.K. KENNON JONES
Assistant Counsel
Ph: (954) 958-3810
Fax: (954) 958-3584

October 9, 1998

Mr. Sean Toner
Administrator
Annual Report Section (Domestic Corporations)
Office of Florida Secretary of State
409 East Gaines Street
Tallahassee, Florida 32399

Via FedEx Mail, next business morning delivery

Re: 1998 Profit Corporation Annual Report
NAL Acceptance Corporation
NAL Mortgage Corporation
NAL Insurance Services, Inc.
NAL Financial Group, Inc.
Special Finance, Inc.
Lease Asset Management, Inc.


Dear Mr. Toner:

Herewith for filing are the 1998 Profit Corporation Annual Reports for the above-noted Florida corporations. These are being filed late, principally due to the circumstance of the status of NAL Acceptance Corporation in Chapter 11 Bankruptcy, effective March 23, 1998 (see copy of enclosed Notice).

We are asking that your Section waive all late fees for these filings because we did not receive a First Notice from your office alerting us to the filing delinquency.

Accordingly, enclosed is NAL's Check No. 100883 for \$952.50 to cover the \$150 filing fee for each plus \$8.75 for a current Certificate of Status for each.

Sincerely,


R.K. Kennon Jones
Assistant Counsel

10/9/98/j:/kj/nalcorp/nalstlic/florida/ltrss109.1