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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000081595**

1. Corporation Name

FEDERAL ACCEPTANCE CORPORATION

Principal Place of Business
**5380 N OCEAN DRIVE SUITE 14G
SINGER ISLAND FL 33404**

Mailing Address
**5380 N OCEAN DRIVE SUITE 14G
SINGER ISLAND FL 33404**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/19/1997

4. FEI Number

65-0781591

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 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

**CORPORATE CREATIONS ENTERPRISES, INC.
4521 PGA BOULEVARD #211
PALM BEACH GARDENS FL 33418**

10. Name and Address of New Registered Agent

81 Name

M. Joseph Reilly

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

5380 N. OCEAN DR - 146

83

SINGER ISLAND,

84 City

FL

85 Zip Code

33404

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

M. Joseph Reilly

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

(NOTE: Registered Agent signature required when reinstating)

1/8/99

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
D REILLY, M. JOSEPH
STREET ADDRESS
5380 N OCEAN DRIVE SUITE 14G
CITY-ST-ZIP
SINGER ISLAND FL 33404

TITLE ☐ DELETE

NAME
D BRANDENBURG, EDITH V
STREET ADDRESS
5380 N OCEAN DRIVE SUITE 14G
CITY-ST-ZIP
SINGER ISLAND FL 33404

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

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:

M. Joseph Reilly
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/99
Date

845-5344
Daytime Phone #

CR2E034 (11/98)