

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 # P98000003321

1. Corporation Name
OXFORD ACCEPTANCE COMPANY

Principal Place of Business

10715 S.W. 104TH STREET
MIAMI FL 33176

Mailing Address

10715 S.W. 104TH STREET
MIAMI FL 33176

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

04-06-1999 90065 017 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/09/1998

4. FEI Number

65-0804239

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 10701 SW 104 ST

Suite, Apt. #, etc.

22

2a. Mailing Address

26 10701 SW 104 ST

Suite, Apt. #, etc.

27

City & State

23 MIAMI, FL

Zip

24 33176 25 USA

City & State

28 MIAMI FL

Zip

29 33176 30 USA

9. Name and Address of Current Registered Agent

O'DONALD, BURTON T
10021 S.W. 142 STREET
MIAMI FL 33176

10. Name and Address of New Registered Agent

81 Name

O'DONALD, BURTON T

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

10701 SW 104 ST

83

84 City

MIAMI

FL

85 Zip Code

33176

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

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 ☐ DELETE

NAME PD
O'DONALD, BURTON T
STREET ADDRESS 10021 S.W. 142 STREET
CITY-ST-ZIP MIAMI FL 33176

TITLE ☐ DELETE

NAME STD
COHEN, SANFORD
STREET ADDRESS 9705 S.W. 133 COURT
CITY-ST-ZIP MIAMI FL 33186

TITLE ☐ DELETE

NAME D
CORWIN, ARTHUR
STREET ADDRESS 5 POWDER HILL PLACE
CITY-ST-ZIP DURHAM NC 27707

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

STD

1.2 NAME

STD

1.3 STREET ADDRESS

STD

1.4 CITY-ST-ZIP

STD

2.1 TITLE

STD

2.2 NAME

STD

2.3 STREET ADDRESS

STD

2.4 CITY-ST-ZIP

STD

3.1 TITLE

STD

3.2 NAME

STD

3.3 STREET ADDRESS

STD

3.4 CITY-ST-ZIP

STD

4.1 TITLE

STD

4.2 NAME

STD

4.3 STREET ADDRESS

STD

4.4 CITY-ST-ZIP

STD

5.1 TITLE

STD

5.2 NAME

STD

5.3 STREET ADDRESS

STD

5.4 CITY-ST-ZIP

STD

6.1 TITLE

STD

6.2 NAME

STD

6.3 STREET ADDRESS

STD

6.4 CITY-ST-ZIP

STD

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/99 (305)595-5942

CR2E034 (1/1/98)