## **PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000039907

CITY-ST-ZIP

SIGNATURE

FLORIDA DEALER'S CREDIT ACCEPTANCE CORPORATION

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Principal Place	e of Business	Mailing Address			1				
1084 HAVENDALE BOULEVARD WINTER HAVEN FL 33881		1084 HAVENDALE BOULEVARD WINTER HAVEN FL 33881			DO NOT W	RITE IN THIS S	SPACE		
							J. 10L		1
	•			•	3. Date Incorporated or Qualife 05/01/1998				
Principal Place of Business Za. Mailing Address					4. FEI Number	•		plied For	
21 26					59-3510374			t Applicable	l
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired		\$8.75		
22					3. Certificate of Status Desires		Fee Re	quired	1
City & State City & State					6. Election Campaign Financing 55.00 May Be			May Be	
23		28			Trust Fund Contribution Added to Fees				1
Zip	Country Zip		Country		8. This corporation owes the current year Intangible				
24	25 29 30		30		Personal Property Tax. Yes No				1
	9. Name and Address of Current	Registered Agent			10. Name and Address of Nev	Registered A	gent	_	ł
				81 Name	Thomas Sr. or	- Rabel	4- Sal	he!	
	PORATION SERVICE COMPANY		}	82 Street Address	ess (P.O. Box Number is Not Acce	otable)	<u> </u>	<u>, , , , , , , , , , , , , , , , , , , </u>	1
	HAYS STREET	1084			Havendale Blud				1
TALL	AHASSEE FL 32301-2525		İ	83					
	•			04 65			85 Zip (	- Orde	1
1	_		. 1	84 City Wini	ter_taven	FL	13	3881	
11. Pursuant	to the provisions of Sections 607.0502	and 607,4508, Florida Statutes	s, the at	ove named comp	tration submits this statement for the	e purpose of c	hanging its	registered	1
office or r	to the provisions of Sections 607.050 ogistered agent, or both, in the State of im familiar both, and accept the obligat	of Florida, Such change was au	horized	by the corporation	n's board of directors. I hereby acc	epythe appoin	vnent as re	gistered	İ
,	im lamiliar sont, and accept the songar	700	ر میر			4/	1. 199		1
SIGNATURE	Signature, typed or printed name of decisioned agent	and title if applicable. (NOTE: F	legistered .	Agent signature required	( when reinstating)	DATE			່ຂ
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO C	FFICERS AND	DIRECTO		11/08
TITLE	D	☐ OELETE	1.1 TIT	LE	•		Change	Addition	Ξ
NAME	SABEL, ROBERT		1.2 NA	ME					2
STREET ADDRESS	1084 HAVENDALE BOULEVARD	1	13,517	REET ADDRESS					1 2
CITY-ST-ZIP	WINTER HAVEN FL 33881	•	1,4 (2)	Y-ST-ZIP	•				8
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CITY-ST-ZIP		☐ DELETE	3.1 TIT		<del></del>		Change	Addition	
			3.2 NA	ve İ		•			l
NAME			1	WEET ADDRESS					
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NAME	·			REET ADDRESS					ļ
STREET ADDRESS	• •								1
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(mve (		☐ OELETE	6.1 III	l			Change	Addition	ļ
NAME		☐ DELETE	62 NA	l			Change	[_] Addition	

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 the my signature shall have the same legal effect as if made under oath; that I am an officer or director of the composition or the receiver of trustee empowered to execute the report as required by Chapter 60. Florida Statutes; and that my name appears in Block 12 or Block 13 lifehanged or on an appearance with an address, with all other like empowered.

**FILED** 

Apr 09, 1999 8:00 am Secretary of State

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