

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Jul 30, 1999 8:00 am**  
**Secretary of State**

07-30-1999 90010 033 \*\*\*150.00

**DOCUMENT # P98000087035**

1. Corporation Name

**CUSTOMERS ACCEPTANCE CORPORATION**

Principal Place of Business

**4800 N. FEDERAL HIGHWAY  
LIGHTHOUSE POINT FL 33064**

Mailing Address

**4800 N. FEDERAL HIGHWAY  
LIGHTHOUSE POINT FL 33064**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**10/12/1998**

4. FEI Number

**65-0868910**

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. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KATSMAN, MARK  
9350 SOUTH DIXIE HIGHWAY, PH2  
MIAMI FL 33156**

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 607.0502 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **VTS** ☐ DELETE  
NAME **KOLCHKOV, VLADIMIR**  
STREET ADDRESS **800 S.W. 18TH STREET**  
CITY-ST-ZIP **BOCA RATON FL 33486**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE **V** ☐ DELETE  
NAME **KAZAKOV, IGOR**  
STREET ADDRESS **1610 S.W. 6TH AVE.**  
CITY-ST-ZIP **POMPANO BEACH FL 33060**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE **PD** ☐ DELETE  
NAME **CHELTsov, ALEX**  
STREET ADDRESS **1610 S.W. 6TH AVE.**  
CITY-ST-ZIP **POMPANO BEACH FL 33060**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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: **Vladimir Kolchkov** VP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**7/10/99 (954) 785-0345**

CR2E034 (5/99)

PA8000087035  
599221-90010-33

**ROTH, ROUSSO & BENJAMIN, P.A.**

ATTORNEYS AT LAW

9350 SOUTH DIXIE HIGHWAY  
PENTHOUSE 2  
MIAMI, FLORIDA 33156

TELEPHONE: (305) 670-9994  
FAX: (305) 670-0948

NORTH DADE OFFICE:

2875 N.E. 191 ST.  
PH 3A  
AVENTURA, FLORIDA 33180  
TELEPHONE: (305) 466-0022  
FAX: (305) 466-9998

REPLY TO: MIAMI

LEONARDO A. ROTH  
MARK E. ROUSSO  
JEFFREY S. BENJAMIN

MARK KATSMAN

OF COUNSEL  
JULIAN R. BENJAMIN  
ALAN B. SCHNEIDER, P.A.

July 23, 1999

BY CERTIFIED MAIL

Division of Corporations  
Annual Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

**RE: Customers Acceptance Corporation Annual Report for 1999.**

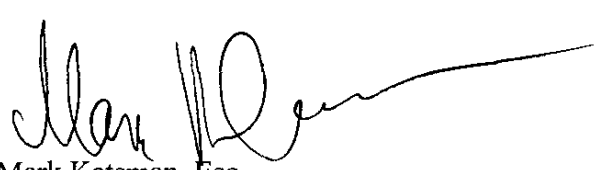
Dear Sir or Madam:

Enclosed please find completed and signed annual report for Customers Acceptance Corporation for 1999. Please note that neither myself as the register agent of this Corporation nor my client ever received the original corporation annual report. Due to that reason the corporation's annual report was not filed before May 1, 1999 and is being filed at this time. Therefore, I respectfully request as a registered agent of this corporation that you excuse and waive the late penalty in this particular case and accept the payment of \$ 150 dollars. The check for this amount is enclosed.

Thank you very much for your consideration of this matter.

Sincerely,

Roth, Rouso, & Benjamin, P.A.



Mark Katsman, Esq.  
MK, emi  
Encl.