

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 # S00844

1. Corporation Name
CREDIT MANAGEMENT ACCEPTANCE CORPORATION

Principal Place of Business

8400 NORTH US HWY 19
PINELLAS PARK FL 34666
US

Mailing Address

110 S.E. SIXTH ST
STE 1200
FT LAUDERDALE FL 33301
US

APPROVED
AND
FILED
99 FEB 12 PM 4:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/19/1990

4. FEI Number

59-3052102

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 2085 Gulf Breeze Bay Blvd

2a. Mailing Address

26 110 SE 6th Street

Suite, Apt. #, etc.

22 City & State
23 Clearwater, FL

Suite, Apt. #, etc.

27 20th Floor

24 Zip 34625 Country USA

28 City & State
29 Ft. Lauderdale, FL

30 Zip 33301 Country USA

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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 reconstituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME WILKERSON, SCOTT A.
STREET ADDRESS 128 BUENA VISTA DR
CITY-ST-ZIP DUNEDIN FL

☐ DELETE

TITLE DVS
NAME COLE, JAMES O
STREET ADDRESS 110 S.E. SIXTH ST
CITY-ST-ZIP FT LAUDERDALE FL 33301

☐ DELETE

TITLE DVPT
NAME HAWKIN, THOMAS W
STREET ADDRESS 110 S.E. SIXTH ST
CITY-ST-ZIP FT LAUDERDALE FL 33301

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
700002776697-4
-02/16/99-01032-015
****150.00 ****150.00

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

7.1 TITLE
7.2 NAME
7.3 STREET ADDRESS
7.4 CITY-ST-ZIP

☐ Change ☐ Addition

8.1 TITLE
8.2 NAME
8.3 STREET ADDRESS
8.4 CITY-ST-ZIP

☐ Change ☐ Addition

9.1 TITLE
9.2 NAME
9.3 STREET ADDRESS
9.4 CITY-ST-ZIP

☐ Change ☐ Addition

10.1 TITLE
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10.4 CITY-ST-ZIP

☐ Change ☐ Addition

11.1 TITLE
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12.1 TITLE
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13.1 TITLE
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13.4 CITY-ST-ZIP

☐ Change ☐ Addition

14.1 TITLE
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14.4 CITY-ST-ZIP

☐ Change ☐ Addition

15.1 TITLE
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15.4 CITY-ST-ZIP

☐ Change ☐ Addition

16.1 TITLE
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16.3 STREET ADDRESS
16.4 CITY-ST-ZIP

☐ Change ☐ Addition

17.1 TITLE
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17.3 STREET ADDRESS
17.4 CITY-ST-ZIP

☐ Change ☐ Addition

18.1 TITLE
18.2 NAME
18.3 STREET ADDRESS
18.4 CITY-ST-ZIP

☐ Change ☐ Addition

19.1 TITLE
19.2 NAME
19.3 STREET ADDRESS
19.4 CITY-ST-ZIP

☐ Change ☐ Addition

20.1 TITLE
20.2 NAME
20.3 STREET ADDRESS
20.4 CITY-ST-ZIP

☐ Change ☐ Addition

21.1 TITLE
21.2 NAME
21.3 STREET ADDRESS
21.4 CITY-ST-ZIP

☐ Change ☐ Addition

22.1 TITLE
22.2 NAME
22.3 STREET ADDRESS
22.4 CITY-ST-ZIP

☐ Change ☐ Addition

23.1 TITLE
23.2 NAME
23.3 STREET ADDRESS
23.4 CITY-ST-ZIP

☐ Change ☐ Addition

24.1 TITLE
24.2 NAME
24.3 STREET ADDRESS
24.4 CITY-ST-ZIP

☐ 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 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

1/22/99 (954) 769-6000

CR2E034 (11/98)