

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

FILED  
Mar 01, 1999 8:00 am  
Secretary of State

03-01-1999 90147 048 \*\*\*150.00

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DOCUMENT # V02880

1. Corporation Name

COURTESY ACCEPTANCE CORPORATION

Principal Place of Business

600 N HWY 17-92  
SUITE 168  
LONGWOOD FL 32750  
US

Mailing Address

600 N HWY 17-92  
SUITE 168  
LONGWOOD FL 32750  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/30/1991

FEI Number

59-3101157

Applied For

Not Applicable

2. Principal Place of Business

21 707 Mendham Blvd.

2a. Mailing Address 707 Mendham Blvd.

26 c/o Robert M. Steenbergh

Suite, Apt. #, etc.

22 Suite 100

Suite, Apt. #, etc.

27 Suite 100

City & State

23 Orlando, FL 32825

City & State

28 Orlando, FL

Zip Country

24 32825 25 USA

Zip Country

29 32825 30 USA

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

9. Name and Address of Current Registered Agent

HACKETT, DAVID KIMBERLEY  
650 NORTH HIGHWAY 17/92  
LONGWOOD FL 32750

10. Name and Address of New Registered Agent

81 Name Robert M. Steenbergh, P.A.

82 Street Address (P.O. Box Number is Not Acceptable)  
707 Mendham Blvd., Suite 100

83

84 City Orlando

FL

85 Zip Code 32825

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

1/29/99

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE PD  
NAME SWOPE, SAMUEL G.  
STREET ADDRESS 703 CRICKLEWOOD TERRACE  
CITY-ST-ZIP HEATHROW FL

☐ DELETE

TITLE VD  
NAME HACKETT, DAVID KIMBERLEY  
STREET ADDRESS 472 DEWAR'S CT  
CITY-ST-ZIP WINTER SPRINGS FL 32708

☐ DELETE

TITLE TSD  
NAME LA ZINSK, STEPHEN A.  
STREET ADDRESS 1117 BROWNSHIRE CT  
CITY-ST-ZIP LONGWOOD FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

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

2.1 TITLE VD  
2.2 NAME Hackett, David Kimberley  
2.3 STREET ADDRESS 301 N. Birch Road, #11S  
2.4 CITY-ST-ZIP Ft. Lauderdale, FL 33304

☒ 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

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

Date

Daytime Phone #

1/29/99

407-260-2929

CR2E034 (11/98)