


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90021 028 ***150.00

UP-655110

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # F93000003971

1. Corporation Name
- GENERAL ACCEPTANCE CORPORATION -
 Consumer Acceptance Corporation



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1025 ACUFF ROAD BLOOMINGTON IN 47404 US	Mailing Address 1025 ACUFF ROAD BLOOMINGTON IN 47404 US
--	--

3. Date Incorporated or Qualified
08/25/1993

2. Principal Place of Business 21 11825 N. Pennsylvania Suite, Apt. #, etc. 22 City & State 23 Carmel, IN Zip 24 46032 Country 25 U.S.A.	2a. Mailing Address 26 2345 S. Lynhurst Dr. Suite, Apt. #, etc. 27 Suite 210 City & State 28 Indianapolis, IN Zip 29 46241 Country 30 U.S.A.
---	---

4. FEI Number
35-1739977

Applied For
 Not Applicable

9. Name and Address of Current Registered Agent

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

THE PRENTICE HALL CORPORATION SYSTEM, INC.
 1201 HAYES ST
 SUITE 105
 TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	ALGOOD, M.L.	
STREET ADDRESS	3810 EAST ST	
CITY-ST-ZIP	BLOOMINGTON IN 47404	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	ALGOOD, R. E	
STREET ADDRESS	2800 S. OLCOTT BLVD	
CITY-ST-ZIP	BLOOMINGTON IN 47401	
TITLE	CFO	<input checked="" type="checkbox"/> DELETE
NAME	BOZARTH, MARTIN	
STREET ADDRESS	3705 BARRINGTON DR #205	
CITY-ST-ZIP	BLOOMINGTON IN 47408	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DICK, ROLLIN M	
STREET ADDRESS	9085 E. ST RD 334	
CITY-ST-ZIP	ZIONSVILLE IN 46077	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	COREY, R. I	
STREET ADDRESS	3216 BRADSHIRE CT	
CITY-ST-ZIP	BLOOMINGTON IN 47401	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	KUHN, JAMES	
STREET ADDRESS	4325 EAGLEVIEW CT	
CITY-ST-ZIP	BLOOMINGTON IL 47403	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	James J. Terrell	
1.3 STREET ADDRESS	4575 River Trail Road	
1.4 CITY-ST-ZIP	Jacksonville, FL 32277	
2.1 TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Timothy W. Haseley	
2.3 STREET ADDRESS	5 Catalina Circle	
2.4 CITY-ST-ZIP	Zionsville, IN 46077	
3.1 TITLE	CFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Timothy W. Haseley	
3.3 STREET ADDRESS	5 Catalina Circle	
3.4 CITY-ST-ZIP	Zionsville, IN 46077	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Timothy W. Kappes	
5.3 STREET ADDRESS	4069 Brockton Manor, N.Dr.	
5.4 CITY-ST-ZIP	Greenwood, IN 46143	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE: SIGNATURE OF TIMOTHY W. KAPPE **Timothy W. Kappes, Secretary** 4/27/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/98)