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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F94000000574 (3)**

1. Corporation Name

ACCEPTANCE PREMIUM FINANCE COMPANY, INC.

Principal Place of Business

Mailing Address

4041 N. CENTRAL
SUITE 1900
PHOENIX AZ 85012

4041 N. CENTRAL
SUITE 1900
PHOENIX AZ 85012

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

3a. Date of Last Report

02/07/1994

4. FEI Number

86-0749391

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

Separate typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when applicable)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ~~PO~~
NAME BRAUDE, DANIEL J
STREET ADDRESS 4041 N. CENTRAL, STE 1900
CITY - ST - ZIP PHOENIX AZ

1.1 TITLE President / Director Change Addition

TITLE ~~PO~~
NAME KATZ, ROBERT S
STREET ADDRESS 4041 N. CENTRAL, STE 1900
CITY - ST - ZIP PHOENIX AZ

2.1 TITLE Secy Change Addition

TITLE Vice President
NAME
STREET ADDRESS
CITY - ST - ZIP

3.1 TITLE Vice President Change Addition
3.2 NAME William J Gerber
3.3 STREET ADDRESS 225 S. 15th St. Suite 600 North
3.4 CITY - ST - ZIP Omaha NE 68102

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE Trcas Change Addition
4.2 NAME Georgia Trace
4.3 STREET ADDRESS 225 S. 15th St. Suite 600 North
4.4 CITY - ST - ZIP Omaha, NE 68102

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

TITLE
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information presented 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, director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Daniel Braude DANIEL J. BRAUDE 4/12/95 (602)250-8371
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone Number