

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
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

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3. Date Incorporated or Qualified **02/07/1994** 3a. Date of Last Report **04/20/1995**

21. Principal Place of Business
4600 E. Shea Blvd
Suite, Apt. #, etc.

2a. Mailing Address
PO Box 55450
Suite, Apt. #, etc.

4. FEI Number **86-0749391** Applied For Not Applicable

22. **Ste 100**
City & State

27. **Phoenix Az**
City & State

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23. **Phoenix Az**
City & State

28. **Phoenix Az**
City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24. **85028** 25. **USA**
Zip Country

29. **85078** 30. **USA**
Zip Country

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

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

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	PD	<input type="checkbox"/> DELETE
NAME	BRAUDE, DANIEL J	
STREET ADDRESS	4041 N. CENTRAL, STE 1900	
CITY-ST-ZIP	PHOENIX AZ	
TITLE	S	<input type="checkbox"/> DELETE
NAME	KATZ, ROBERT S	
STREET ADDRESS	4041 N. CENTRAL, STE 1900	
CITY-ST-ZIP	PHOENIX AZ	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	GERBER, WILLIAM J.	
STREET ADDRESS	222 S 15TH ST STE 600 N	
CITY-ST-ZIP	OMAHA NE	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MACE, GEORGIA	
STREET ADDRESS	222 S 15TH ST STE 600 N	
CITY-ST-ZIP	OMAHA NE	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	4600 E. Shea Blvd Ste 100
1.4 CITY-ST-ZIP	Phoenix Az 85028
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	4600 E. Shea Blvd Ste 100
2.4 CITY-ST-ZIP	Phoenix Az 85028
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	200001807662
5.4 CITY-ST-ZIP	-05/04/96--01006--020
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	***200.00
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 119.07(3)(k), 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: *Daniel Braude*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/96 602-494-6960
Date Daytime Phone #

CR2E034 (12/95)