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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **F94000000574 (3)**

1. Corporation Name
ACCEPTANCE PREMIUM FINANCE COMPANY, INC.

Principal Place of Business	Mailing Address
4600 E SHEA BLVD SUITE 100 PHOENIX AZ 85028	PO BOX 55450 PHOENIX AZ 85078-5450

3. Date Incorporated or Qualified: 02/07/1994	3a. Date of Last Report: 05/01/1996
4. FEI Number: 86-0749391	☐ 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 has liability for intangible tax under s 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 4600 E. Shea Blvd	26 PO Box 55450
Suite, Apt. #, etc. 22 Suite 100	Suite, Apt. #, etc. 27
City & State 23 Phoenix, AZ	City & State 28 Phoenix, AZ
Zip / Country 24 85028 / 25 USA	Zip / Country 29 85078 / 30 USA

9. Name and Address of Current Registered Agent

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BRAUDE, DANIEL J		1.2 NAME		
STREET ADDRESS	4600 E SHEA BLVD, SUITE 100		1.3 STREET ADDRESS		
CITY-ST-ZIP	PHOENIX AZ 85028		1.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	KATZ, ROBERT S		2.2 NAME		
STREET ADDRESS	4600 E SHEA BLVD, SUITE 100		2.3 STREET ADDRESS		
CITY-ST-ZIP	PHOENIX AZ 85028		2.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	3.1 TITLE		☐ Change ☒ Addition
NAME	GERBER, WILLIAM J.		3.2 NAME		
STREET ADDRESS	222 S 15TH ST STE 600 N		3.3 STREET ADDRESS		
CITY-ST-ZIP	OMAHA NE		3.4 CITY-ST-ZIP	68102	
TITLE	T	☐ DELETE	4.1 TITLE		☐ Change ☒ Addition
NAME	MACE, GEORGIA		4.2 NAME		
STREET ADDRESS	222 S 15TH ST STE 600 N		4.3 STREET ADDRESS		
CITY-ST-ZIP	OMAHA NE		4.4 CITY-ST-ZIP	68102	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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.

SIGNATURE: Daniel J Braude REQUIRED 4/23/97 602-494-6960
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0501437