

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**
95 APR 21 PM 2:27
**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # L77611 (6)
1. Corporation Name
NAL ACCEPTANCE CORPORATION

Principal Place of Business Mailing Address
**500 CYPRESS CR RD
SUITE 500
FT. LAUDERDALE FL 33309-6127
US** **500 CYPRESS CR RD W
SUITE 500
FT. LAUDERDALE FL 33309-6127
US**

DO NOT WRITE IN THIS SPACE.

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 **29** Zip **30** Country

3. Date Incorporated or Qualified **06/01/1990** 3a. Date of Last Report **03/18/1994**
4. FEI Number **50-3010303** 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

9. Name and Address of Current Registered Agent
**EMO CORPORATE SERVICES, INC.
100 NORTHEAST THIRD AVENUE
SUITE 1100
FT. LAUDERDALE FL 33301**

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 resigning.

12. OFFICERS AND DIRECTORS

TITLE	CCEO
NAME	BARTOLINI, ROBERT R.
STREET ADDRESS	500 CYPRESS CREEK RD W, STE 590
CITY - ST - ZIP	FT. LAUDERDALE FL
TITLE	PCSD
NAME	SCHAEFFER, JOHN T.
STREET ADDRESS	500 CYPRESS CREEK RD W, STE 590
CITY - ST - ZIP	FT. LAUDERDALE FL
TITLE	VPAS
NAME	CARLSON, ROBERT J.
STREET ADDRESS	500 CYPRESS CREEK RD W, STE 590
CITY - ST - ZIP	FT. LAUDERDALE FL
TITLE	AS
NAME	WOODSIDE, JOANN
STREET ADDRESS	500 CYPRESS CREEK RD W, STE 590
CITY - ST - ZIP	FT. LAUDERDALE FL
TITLE	AS
NAME	KELLEHER, JOSEPH J.
STREET ADDRESS	500 CYPRESS CREEK RD W, STE 590
CITY - ST - ZIP	FT. LAUDERDALE FL
TITLE	AS
NAME	PEOPLES, ROBERT W.
STREET ADDRESS	500 CYPRESS CREEK RD W, STE 590
CITY - ST - ZIP	FT. LAUDERDALE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
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	VPAS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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)(h), 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 hereon, or on an attachment with an address.

SIGNATURE: Robert J. Carlson V.P. **4/5/95** **305-938-8200**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Mailed Phone #