

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

FILED

**Apr 15 1997 8:00am
Secretary of State**

| | | |
|---|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # L77611 (6)

1. Corporation Name: **NAL ACCEPTANCE CORPORATION**



| | |
|---|--|
| Principal Place of Business 500 CYPRESS CK RD SUITE 590 FT. LAUDERDALE FL 33309-6127 US | Mailing Address 500 CYPRESS CR RD W SUITE 590 FT. LAUDERDALE FL 33309 US |
|---|--|

| | |
|---|--|
| 3. Date Incorporated or Qualified 06/01/1990 | 3a. Date of Last Report 03/18/1996 |
| 4. FEI Number 50-5818306 50-5818309 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 | 28. Zip |
| 24. Country | 29. Country |
| 25. | 30. |

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 Mercedes Padin, Esq. |
| 82. Street Address (P.O. Box Number is Not Acceptable) 500 Cypress Creek Road West, Suite 590 |
| 83. |
| 84. City Ft. Lauderdale |
| 85. Zip Code FL 33309 |

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: *Mercedes Padin* **Mercedes Padin** DATE: **3/10/97**

12. OFFICERS AND DIRECTORS

| | | |
|----------------|--|--|
| TITLE | CCEO & DIR | <input type="checkbox"/> DELETE |
| NAME | BARTOLINI, ROBERT R. | <input checked="" type="checkbox"/> Change |
| STREET ADDRESS | 500 CYPRESS CREEK RD W, STE 590 | |
| CITY-ST-ZIP | FT. LAUDERDALE FL | |
| TITLE | PRES/PRES/COO/ASST SECY/DIR | <input type="checkbox"/> DELETE |
| NAME | SCHAEFFER, JOHN T. | <input checked="" type="checkbox"/> Change |
| STREET ADDRESS | 500 CYPRESS CREEK RD W, STE 590 | |
| CITY-ST-ZIP | FT. LAUDERDALE FL | |
| TITLE | VPAS | <input type="checkbox"/> DELETE |
| NAME | CARLSON, ROBERT J. | |
| STREET ADDRESS | 500 CYPRESS CREEK RD W, STE 590 | |
| CITY-ST-ZIP | FT. LAUDERDALE FL | |
| TITLE | VPAS SECY | <input type="checkbox"/> DELETE |
| NAME | WOODSIDE, JOANN | <input checked="" type="checkbox"/> Change |
| STREET ADDRESS | 500 CYPRESS CREEK RD W, STE 590 | |
| CITY-ST-ZIP | FT. LAUDERDALE FL | |
| TITLE | VP/TREAS | <input checked="" type="checkbox"/> Add |
| NAME | LAVIGNE, DENNIS R. | |
| STREET ADDRESS | 500 Cypress Creek Rd W, Ste 590 | |
| CITY-ST-ZIP | Ft. Lauderdale, FL 33309 | |
| TITLE | VP | <input type="checkbox"/> DELETE |
| NAME | WILDEN, PETER J. | <input checked="" type="checkbox"/> Add |
| STREET ADDRESS | 500 Cypress Crk Rd W, Ste 590 | |
| CITY-ST-ZIP | Ft. Lauderdale, FL 33309 | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|--|--|
| 1.1 TITLE | VP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | GOWAR, PAUL | |
| 1.3 STREET ADDRESS | 500 Cypress Crk Rd W, Ste 590 | |
| 1.4 CITY-ST-ZIP | Ft. Lauderdale, FL 33309 | |
| 2.1 TITLE | VP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | REPECKI, PAUL R. | |
| 2.3 STREET ADDRESS | 500 Cypress Crk Rd W, Ste 590 | |
| 2.4 CITY-ST-ZIP | Ft. Lauderdale, FL 33309 | |
| 3.1 TITLE | VP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | DANIEL, DOUGLAS C. | |
| 3.3 STREET ADDRESS | 500 Cypress Crk Rd W, Ste 590 | |
| 3.4 CITY-ST-ZIP | Ft. Lauderdale, FL 33309 | |
| 4.1 TITLE | ASST SECY | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME | PEOPLES, ROBERT W. | |
| 4.3 STREET ADDRESS | 500 Cypress Crk Rd W, Ste 590 | |
| 4.4 CITY-ST-ZIP | Ft. Lauderdale, FL 33309 | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | (SEE ATTACHED EXHIBIT A FOR COMPLETE) | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | \$226.25 Dep. by Bank | |
| 6.4 CITY-ST-ZIP | | |

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, changed, or on an attachment with an address.

SIGNATURE: *JoAnn Woodside* **JoAnn Woodside, Secy** DATE: **3/10/97**

Date: _____ Daytime Phone: _____

CR2E034 (9/96)

RW 4-15-97

NAL ACCEPTANCE CORPORATION

48-282

Corporate Officers and Directors Names, Home Addresses, and Social Security Numbers

Robert R. Bartolini
7707 NW 47 Drive
Coral Springs, FL 33067

Chairman, Chief Executive Officer,
and Director
SS#: 185-36-6536

John T. Schaeffer
1633 SE 6 Street
Deerfield Beach, FL 33441

President, Chief Operating Officer,
Assistant Secretary and Director
SS#: 192-34-6550

Robert J. Carlson
10325 SW 53 Street
Cooper City, FL 33328

Vice President and
and Assistant Secretary
SS#: 262-08-5902

Dennis R. LaVigne
7057 NW 66 Terrace
Parkland, FL 33067

Vice President and
Treasurer
SS#: 353-36-7804

Peter J. Wilden
6406 NW 55 Manor
Coral Springs, FL 33067

Vice President - Collections & Operations
SS#: 523-58-0553

Paul Gowar
1257 NW 123 Street
Pembroke Pines, FL 33026

Vice President - Credit & Funding
SS#: 590-16-3638

Paul R. Repecki
995 SW 56 Avenue
Margate, FL 33068

Vice President - Corporate Services
SS#: 110-30-6198

Douglas C. Daniel
7701 NW 61 Terrace
Parkland, FL 33067

Vice President - Sales & Marketing
SS#: 224-78-5637

JoAnn Woodside
2560 NW 99 Avenue
Coral Springs, FL 33065

Secretary
SS#: 310-38-5073

Robert W. Peoples
388 NW 107 Terrace
Coral Springs, FL 33071

Assistant Secretary
SS#: 169-34-7131