

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L77611
 1. Corporation Name
NAL ACCEPTANCE CORPORATION

Principal Place of Business 500 CYPRESS CREEK ROAD WEST SUITE 590 FT. LAUDERDALE, FL 33309	Mailing Address SAME
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **6-1-90**

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	4. FEI Number 59-3010303	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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent MERCEDES PADIN, Esq. 500 CYPRESS CREEK ROAD WEST SUITE 590 FT. LAUDERDALE, FLORIDA 33309				10. Name and Address of New Registered Agent			
81	Name	R. K. KENNEDY JONES, Esq.					
82	Street Address (P.O. Box Number is Not Acceptable)	500 CYPRESS CREEK ROAD WEST SUITE 590					
83	City	FT. LAUDERDALE					
84	State	FL	85	Zip Code	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 R. K. Kennedy Jones
 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	<input type="checkbox"/> DELETE	1.1 TITLE	Chief Executive Officer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	William B. Dyer
STREET ADDRESS		1.3 STREET ADDRESS	500 CYPRESS CREEK ROAD WEST
CITY-ST-ZIP		1.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33309
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	ANDREW GUMBS
STREET ADDRESS		2.3 STREET ADDRESS	500 CYPRESS CREEK ROAD WEST
CITY-ST-ZIP		2.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33309
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	NARAIL CUNEO
STREET ADDRESS		3.3 STREET ADDRESS	500 CYPRESS CREEK ROAD WEST
CITY-ST-ZIP		3.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33309
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	MICHAEL BONNET
STREET ADDRESS		4.3 STREET ADDRESS	500 CYPRESS CREEK ROAD WEST
CITY-ST-ZIP		4.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33309
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	ANDREW HUBALGESTEN
STREET ADDRESS		5.3 STREET ADDRESS	500 CYPRESS CREEK ROAD WEST
CITY-ST-ZIP		5.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33309
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	SCC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	10-15-98 400002664864--8
STREET ADDRESS		6.3 STREET ADDRESS	-10/15/98--01085--001
CITY-ST-ZIP		6.4 CITY-ST-ZIP	****952.50 ****158.75

14. I 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: [Signature] **10/15/98 (954) 958-3073**
 Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR. Date Daytime Phone #

CR2E034 (5/98)

