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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # *095000039925V*

1. Corporation Name
 Special Finance, Inc.

Principal Place of Business _____ Mailing Address _____

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 5217 Coconut Creek Pkwy Suite, Apt. #, etc.		2a. Mailing Address 26 11825 N. Pennsylvania St. Suite, Apt. #, etc.		3. Date Incorporated or Qualified May 19, 1995	
22 City & State 23 Margate, FL		27 A2A 28 Carmel, IN		4. FEI Number 65-0648749	
24 33063 25 US		29 46032 30 US		5. Certificate of Status Desired <input type="checkbox"/> Applied For Not Applicable <input type="checkbox"/> \$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent R. K. Kennon Jones, Esq. 5217 Coconut Creek Pkwy Margate, FL 33063		10. Name and Address of New Registered Agent		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
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.		81 Name		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

82 Street Address (P.O. Box Number is Not Acceptable)		84 City		85 Zip Code	
		FL			

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	<input type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	Dyer, William B.
STREET ADDRESS		1.3 STREET ADDRESS	5217 Coconut Creek Pkwy
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Margate, FL 33063
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	COBD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	Larkin, James J.
STREET ADDRESS		2.3 STREET ADDRESS	11825 N. Pennsylvania Street
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Carmel, IN 46032
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	VPSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	Combs, Andrew S.
STREET ADDRESS		3.3 STREET ADDRESS	745 Fifth Avenue, Suite 2700
CITY-ST-ZIP		3.4 CITY-ST-ZIP	New York, NY 10151
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	VPT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	Haseley, Timothy W.
STREET ADDRESS		4.3 STREET ADDRESS	11825 N. Pennsylvania Street
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Carmel, IN 46032
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	Bonnet, Michael F.
STREET ADDRESS		5.3 STREET ADDRESS	745 Fifth Avenue, Suite 2700
CITY-ST-ZIP		5.4 CITY-ST-ZIP	New York, NY 10151
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: *James J. Larkin* James J. Larkin (317) 817-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)