

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).

APPROVED
AND
FILED

NOV 15 1998 3:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V12361
 1. Corporation Name
NAL INSURANCE SERVICES, Inc.

Principal Place of Business Mailing Address
500 CYPRESS CREEK ROAD WEST SUITE 590 FT. LAUDERDALE, FL 33309 **SAME**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	65-0326597	Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24 Country	29 Country	30	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	10. Name and Address of New Registered Agent
MARILEDIS PADIN, Esq. 500 CYPRESS CREEK ROAD WEST SUITE 590 FT. LAUDERDALE, FLORIDA 33309	81 Name R. H. KENNON JONES, Esq. 82 Street Address (P.O. Box Number is Not Acceptable) 500 CYPRESS CREEK ROAD WEST 83 SUITE 590 84 City FT. LAUDERDALE 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. H. Kennon Jones (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	VTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	ANDREW COMAS
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	NGARIE 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 HUBRIGESIN
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	
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.

SIGNATURE: [Signature] 10/7/98 (59) 283673
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



NAL
Acceptance
Corporation

R.K. KENNON JONES
Assistant Counsel
Ph: (954) 958-3810
Fax: (954) 958-3584

October 9, 1998

Mr. Sean Toner
Administrator
Annual Report Section (Domestic Corporations)
Office of Florida Secretary of State
409 East Gaines Street
Tallahassee, Florida 32399

Via FedEx Mail, next business morning delivery

Re: 1998 Profit Corporation Annual Report
NAL Acceptance Corporation
NAL Mortgage Corporation
NAL Insurance Services, Inc.
NAL Financial Group, Inc.
Special Finance, Inc.
Lease Asset Management, Inc.


Dear Mr. Toner:

Herewith for filing are the 1998 Profit Corporation Annual Reports for the above-noted Florida corporations. These are being filed late, principally due to the circumstance of the status of NAL Acceptance Corporation in Chapter 11 Bankruptcy, effective March 23, 1998 (see copy of enclosed Notice).

We are asking that your Section waive all late fees for these filings because we did not receive a First Notice from your office alerting us to the filing delinquency.

Accordingly, enclosed is NAL's Check No. 100883 for \$952.50 to cover the \$150 filing fee for each plus \$8.75 for a current Certificate of Status for each.

Sincerely,


R.K. Kennon Jones
Assistant Counsel

10/9/98/j:/kj/nalcorp/nalstlic/florida/ltrss109.1