

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

FILED
Jan 23, 1999 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

01-23-1999 90046 047 ****158.75

DOCUMENT # F97000004969

1. Corporation Name
ADVANCE AMERICA, CASH ADVANCE CENTERS OF FLORIDA, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**961 E. MAIN ST
 SPARTANBURG SC 29304-3524**

Mailing Address
**P.O. BOX 3058
 SPARTANBURG SC 39204**

3. Date Incorporated or Qualified
09/23/1997

4. FEI Number
58-2333774 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing **\$5.00** May Be Added to Fees
 Trust Fund Contribution

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country
 29 30

9. Name and Address of Current Registered Agent
**NRAI SERVICES, INC.
 526 EAST PARK AVENUE
 TALLAHASSEE FL 32301**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PCEO	<input type="checkbox"/> DELETE
NAME	WEBSTER, WILLIAM M IV	
STREET ADDRESS	961 E. MAIN ST	
CITY-ST-ZIP	SPARTANBURG SC 29304-3524	
TITLE	VPS	<input type="checkbox"/> DELETE
NAME	HALL, WAYNE W	
STREET ADDRESS	961 E. MAIN ST	
CITY-ST-ZIP	SPARTANBURG SC 29304-3524	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JOHNSON, GEORGE D JR.	
STREET ADDRESS	961 E. MAIN ST	
CITY-ST-ZIP	SPARTANBURG SC 29304-3524	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCKENZIE, STEVE A	
STREET ADDRESS	650 25TH ST, 5TH FLOOR	
CITY-ST-ZIP	CLEVELAND TN 37320	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	ALLIE, MONICA L	
STREET ADDRESS	961 E. MAIN ST.	
CITY-ST-ZIP	SPARTANBURG SC 29302	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: *William M Webster* **NOT REQUIRED** Date: 1/6/99 864/515-5662 Daytime Phone #

CR2E034 (11/98)