

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

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90014 004 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # F98000001512

1. Corporation Name
PAYDAY LOAN CORPORATION



Principal Place of Business Mailing Address
~~1072 TOWN & COUNTRY RD.~~ ~~1072 TOWN & COUNTRY RD.~~
~~ORANGE CA 92868~~ ~~ORANGE CA 92868~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/17/1998

4. FEI Number **33-0776133** Applied For Not Applicable

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

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

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

2. Principal Place of Business 2a. Mailing Address

21 **3257 KATELLA AVE.** 26 **Same**

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 City & State 27 City & State

23 **LOS ALAMITOS CA 90720** 28

Zip Country Zip Country

24 **90720** 25 **ORANGE** 29 **30**

9. Name and Address of Current Registered Agent

CILLO, ANITA
3041 NE 47TH ST.
FT LAUDERDALE FL 33309

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 *[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

TITLE	PST <input type="checkbox"/> DELETE
NAME	BLAKE, JAMES
STREET ADDRESS	8271 GUMWOOD CIRCLE
CITY-ST-ZIP	WESTMINSTER CA 92683
TITLE	DC <input type="checkbox"/> DELETE
NAME	BLAKE, JAMES
STREET ADDRESS	8271 GUMWOOD CIRCLE
CITY-ST-ZIP	WESTMINSTER CA 92683
TITLE	VD <input type="checkbox"/> DELETE
NAME	KRISFALUSI, CAMERON
STREET ADDRESS	2823 E. LINCOLN AVE.
CITY-ST-ZIP	ANAHEIM CA 92806
TITLE	D <input type="checkbox"/> DELETE
NAME	CHIANG, ROBERT
STREET ADDRESS	8516 PARAMOUNT BLVD.
CITY-ST-ZIP	DOWNNEY CA 90240
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: *[Signature]* DATE **2-9-99** DAYTIME PHONE # **562-598-5626**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/98)