

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morlham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P94000033827 (4)**

1. Corporation Name

**TITLE LOANS OF AMERICA, INC.**



Principal Place of Business

735 NW 22 AVE  
MIAMI FL 33125

Mailing Address

8601 DUNWOODY PLACE  
SUITE 718  
ATLANTA GA 30350  
US

3. Date Incorporated or Qualified

05/02/1994

3a. Date of Last Report

08/08/1995

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

Suite 406

4. FEI Number

65-0491204

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 has liability for intangible tax under s. 199.032, Florida Statutes

Yes  No

9. Name and Address of Current Registered Agent

CAPPS, GERALD N  
735 NW 22 AVE  
MIAMI FL 33125

10. Name and Address of New Registered Agent

81 Name

CT Corporation System

82 Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Rd.

83

84 City

MIAMI

FL

85 Zip Code

33324

11. Pursuant to the provisions of Sections 607.0507 and 607.1508, Florida Statutes, I, the undersigned, being a duly qualified and authorized officer or registered agent, or both, in the State of Florida, do hereby certify that the information furnished in this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, is true and accurate and that I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, in this regard. I hereby accept the appointment as registered agent. I am

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/24/96

JENNIFER FAULTMAN  
ASSISTANT SECRETARY

12. OFFICERS AND DIRECTORS

TITLE

P

DELETE

NAME

ROD AYCOX

STREET ADDRESS

8601 DUNWOODY PLACE, SUITE 718

CITY - ST - ZIP

ATLANTA GA

TITLE

DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

Change  Addition

1.2 NAME

1.3 STREET ADDRESS

8601 Dunwoody Place, Suite 406

1.4 CITY - ST - ZIP

2.1 TITLE

Change  Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

Change  Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

200001804272

Change  Addition

4.2 NAME

-05/02/96--01012--043

4.3 STREET ADDRESS

\*\*\*200.00

4.4 CITY - ST - ZIP

5.1 TITLE

Change  Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

Change  Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

5-1-96  
JK

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.22.96

Date

Daytime Phone #

CR2E034 (12/95)