

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

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Apr 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000015136 (9)
 1. Corporation Name
ALPHA AUTO TITLE LOAN, INC.

Principal Place of Business 17035 SOUTH DIXIE HIGHWAY MIAMI FL 33157	Mailing Address 17035 SOUTH DIXIE HIGHWAY MIAMI FL 33157
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 16635 So. Dixie Hwy Suite, Apt. #, etc.		2a. Mailing Address 26 16635 So. Dixie Hwy. Suite, Apt. #, etc.		3. Date Incorporated or Qualified 02/14/1997	
22 City & State 23 MIAMI FL		27 City & State 28 MIAMI FL		4. FEI Number 65-0728450 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
24 Zip 33157		29 Zip 33157		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25 Country USA		30 Country USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
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 PERLMAN AND FABER, P.A. SUITE 800 799 BRICKELL PLAZA MIAMI FL 33131				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1998	
TITLE	D	1.1 TITLE	V.P.
NAME	FELDMAN, JAMES R	1.2 NAME	
STREET ADDRESS	17035 SOUTH DIXIE HIGHWAY	1.3 STREET ADDRESS	16635 So. DIXIE Hwy.
CITY-ST-ZIP	MIAMI FL 33157	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	PRES.
NAME		2.2 NAME	STACEY FELDMAN
STREET ADDRESS		2.3 STREET ADDRESS	16635 So. DIXIE Hwy.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	MIAMI FL 33157
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		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: *James R Feldman* **JAMES R FELDMAN** 11/04/1998 305-253-8604

CR2E034 (10/97)