

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

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

03-04-1999 90014 004 \*\*\*150.00

DOCUMENT # **F98000001512**

1. Corporation Name

**PAYDAY LOAN CORPORATION**



Principal Place of Business

Mailing Address

~~1072 TOWN & COUNTRY RD.~~  
~~ORANGE CA 92868~~

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~~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

21 **3257 KATELLA AVE.**

2a. Mailing Address

26 **Same**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 **LOS ALAMITOS CA 90720**

27 City & State

28 **ORANGE CA 92868**

24 Zip

25 **90720**

Country

26 **ORANGE**

29 Zip

30 **92868**

Country

31 **CA**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PST** ☐ DELETE

NAME **BLAKE, JAMES**

STREET ADDRESS **8271 GUMWOOD CIRCLE**

CITY-ST-ZIP **WESTMINSTER CA 92683**

TITLE **DC** ☐ DELETE

NAME **BLAKE, JAMES**

STREET ADDRESS **8271 GUMWOOD CIRCLE**

CITY-ST-ZIP **WESTMINSTER CA 92683**

TITLE **VD** ☐ DELETE

NAME **KRISFALUSI, CAMERON**

STREET ADDRESS **2823 E. LINCOLN AVE.**

CITY-ST-ZIP **ANAHEIM CA 92806**

TITLE **D** ☐ DELETE

NAME **CHIANG, ROBERT**

STREET ADDRESS **8516 PARAMOUNT BLVD.**

CITY-ST-ZIP **DOWNEY CA 90240**

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

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 ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

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

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]**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2-9-99 562-598-5626**

CR2E034 (11/98)