FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # F95000005064 (9)

1. Corporation Name

PERSONAL EXPRESS LOANS, INC.

Principal Place of Business

PO BOX 4418 CENTER 044
ATLANTA GA 30302

Mailing Address

PO BOX 4418 CENTER 044
ATLANTA GA 30302

3. Date Incorporated or Qualified: 10/18/1995

3a. Date of Last Report: N/A

4. FEI Number: 58-2180240 — 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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

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

9. **Name and Address of Current Registered Agent**

THORPE, JANET C ESQ
200 S. ORANGE AVE., SOAB-10
ORLANDO FL 32801

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 ____ DATE ____

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	NASH, R A	
STREET ADDRESS	303 PEACHTREE ST., NE, CENTER 087	
CITY-ST-ZIP	ATLANTA GA 30302	
TITLE	V	☐ DELETE
NAME	COZZONE, ROBERT	
STREET ADDRESS	55 PARK PLACE NE, CENTER 044	
CITY-ST-ZIP	ATLANTA GA 30303	
TITLE	SD	☐ DELETE
NAME	HOLLISTER, JOHN C	
STREET ADDRESS	25 PARK PLACE, NE, CENTER 662	
CITY-ST-ZIP	ATLANTA GA 30303	
TITLE	T	☐ DELETE
NAME	ARRIETA, JORGE	
STREET ADDRESS	55 PARK PLACE, NE, CENTER 044	
CITY-ST-ZIP	ATLANTA GA 30303	
TITLE	D	☐ DELETE
NAME	CLINE, WYNN E	
STREET ADDRESS	55 PARK PLACE, NE, CENTER 044	
CITY-ST-ZIP	ATLANTA GA 30303	
TITLE	D	☐ DELETE
NAME	LONG, ROBERT R	
STREET ADDRESS	1 PARK PLACE NE, CENTER 662	
CITY-ST-ZIP	ATLANTA GA 30303	

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		

CR2E034 (12/95)

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] John C. Hollister 3-7-96 (404) 588-8594

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #