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Feb 18 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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 30302-4418



3. Date Incorporated or Qualified 10/18/1995	3a. Date of Last Report 03/20/1996
4. FEI Number 58-2180240	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	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
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's signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NASH, R A	1.2 NAME	
STREET ADDRESS	303 PEACHTREE ST., NE, CENTER 087	1.3 STREET ADDRESS	
CITY - ST - ZIP	ATLANTA GA 30302	1.4 CITY - ST - ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COZZONE, ROBERT	2.2 NAME	
STREET ADDRESS	55 PARK PLACE NE, CENTER 044	2.3 STREET ADDRESS	
CITY - ST - ZIP	ATLANTA GA 30303	2.4 CITY - ST - ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLLISTER, JOHN C	3.2 NAME	
STREET ADDRESS	25 PARK PLACE, NE, CENTER 682	3.3 STREET ADDRESS	
CITY - ST - ZIP	ATLANTA GA 30303	3.4 CITY - ST - ZIP	
TITLE	T	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARRIETA, JORGE	4.2 NAME	
STREET ADDRESS	55 PARK PLACE, NE, CENTER 044	4.3 STREET ADDRESS	
CITY - ST - ZIP	ATLANTA GA 30303	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLINE, WYNN E	5.2 NAME	
STREET ADDRESS	55 PARK PLACE, NE, CENTER 044	5.3 STREET ADDRESS	
CITY - ST - ZIP	ATLANTA GA 30303	5.4 CITY - ST - ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LONG, ROBERT R	6.2 NAME	
STREET ADDRESS	1 PARK PLACE NE, CENTER 682	6.3 STREET ADDRESS	
CITY - ST - ZIP	ATLANTA GA 30303	6.4 CITY - ST - ZIP	

14. I do 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 their 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: John C. Hollister John C. Hollister, Secretary 2-13-97 (404) 588-8594
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)