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FILED  
May 01 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

Mailing Address

PO BOX 4418 CENTER 044  
ATLANTA GA 30302

PO BOX 4418 CENTER 044  
ATLANTA GA 30302

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
21 1945 The Exchange

2a. Mailing Address  
26 P.O. Box 4418

3. Date Incorporated or Qualified  
10/18/1995

4. FEI Number  
58-2180240

Applied For  
Not Applicable

Suite, Apt. #, etc.  
22 Suite 200

Suite, Apt. #, etc.  
27 Center 662

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

City & State  
23 Atlanta, GA

City & State  
28 Atlanta, GA

6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be  
Added to Fees

Zip Country  
24 30339 25 Cobb

Zip Country  
29 30302 30 Fulton

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30 ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE  
NAME NASH, R A  
STREET ADDRESS 303 PEACHTREE ST., NE, CENTER 087  
CITY-ST-ZIP ATLANTA GA 30302

1.1 TITLE PD ☐ Change ☒ Addition  
1.2 NAME Parks W. Avery, Jr.  
1.3 STREET ADDRESS 1945 The Exchange, Suite 200  
1.4 CITY-ST-ZIP Atlanta, GA 30339-2829

TITLE V ☐ DELETE  
NAME COZZONE, ROBERT  
STREET ADDRESS 55 PARK PLACE NE, CENTER 044  
CITY-ST-ZIP ATLANTA GA 30303

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE SD ☐ DELETE  
NAME HOLLISTER, JOHN C  
STREET ADDRESS 25 PARK PLACE, NE, CENTER 662  
CITY-ST-ZIP ATLANTA GA 30303

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE T ☐ DELETE  
NAME ARRIETA, JORGE  
STREET ADDRESS 55 PARK PLACE, NE, CENTER 044  
CITY-ST-ZIP ATLANTA GA 30303

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME CLINE, WYNN E  
STREET ADDRESS 55 PARK PLACE, NE, CENTER 044  
CITY-ST-ZIP ATLANTA GA 30303

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME LONG, ROBERT R  
STREET ADDRESS 1 PARK PLACE NE, CENTER 662  
CITY-ST-ZIP ATLANTA GA 30303

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; 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

John C. Hollister, Secretary

4-21-98

(404) 588-8594

CR2E034 (10/97)