

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 23, 1999 8:00 am
Secretary of State

03-23-1999 90013 032 ***150.00

DOCUMENT # F95000005064

1. Corporation Name

PERSONAL EXPRESS LOANS, INC.

Principal Place of Business

1945 THE EXCHANGE
SUITE 200
ATLANTA GA 30339
US

Mailing Address

P O BOX 4418
CENTER 662
ATLANTA GA 30302
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/18/1995

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

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

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 PD ☐ DELETE
NAME AVERY, PARKS W JR
STREET ADDRESS 1945 THE EXCHANGE SUITE 200
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

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

T
RUSSELL HUNTER
303 PEACHTREE ST. NE, CTR 033
ATLANTA, GA 30308

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-16-99

Date

404-588-8594

Daytime Phone #

001256

CR25034 (11/98)