## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT

1996



FLORIDA DEP**A**RTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P94000033814 (2) 1. Corporation Name					
TITLE LOANS OF JACKSONVILLE IV, INC.				1 3 8 8 1 8 8 1 8 1 8 1 8 1 8 1 8 1 8 1	
Principal Place c	of Business	Mailing Address		0 10051001 170 10111 210E1 40311 40	IIII BALII: BAIND IIIBE IIIAI SAINI IINI AIRI IADI
735 NW 22 AVE MIAMI FL 33125		8601 DUNWOODY PLACE		· ·	
		SUITE 718 ATLANTA GA 30350		8 Colonia de Contidad	3a. Date of Last Report
ļ		US		3. Date Incorporated or Qualified 05/02/1994	08/09/1995
2. Principa! Plac	e of Rusiness	2a. Mailing Address		4. FEI Number	Applied For
<b> </b>		26		65-0491041	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	.1.	5. Certificate of Status Desired	\$8.75 Additional
		27 July	406	6. Election Campaign Financing	Fee Required
City & State		City & State		Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for	
24	25	29	30	Florida Statutes Yes	□ No
- : 1	9. Name and Address of Current	Registered Agent		10. Name and Address of New R	legistered Agent
			81 Name	Connection:	Sisten
CAPPS, GERALD N 82 Street Addr				ess (P.O. Box Number is Not Acceptate	
735 NW 22 AVE			83 1500	2 2007-1 LIVE	- 721000 NO
MAMI I	FL 33125	/	63		
	Λ		84 CO)	Lalina	FI B5 Zip Code
11 Purcuant to	the provisions of Sections 607 0502	and 607,1608. Orida Statut	es, the above-named corpor	ration submits this statement for the pur	rpose of changing its registered office
or registere	d agent, or both, in the State of Flori/in, and accept the quilgation of, Sexual	a. Such change w	TER PAULT	ation submits this statement for the pur MiAin tors. I hereby accept the app	ointment as registered agent. I am
1	i, and accept the dailgation 401, Seven	ASSIS	TANT SECRE	TARY L	1124190
SIGNATURE	signature, typed or printed have of represent agent a	no title if applicable.	OTE: Flag stered Agent signature require		DATE
12.	OFFICE AS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	Change Addition
TITLE	P	[]] DELETE	1. 1 TITLE		Acoustics - Rocation
NAME	AYCOX, ROD \		1,2 NAME 1,3 STREET ADDRESS	ol Dunwood Pla	ce suite 40%
STREET ADDRESS	8601 DUNWOODY PLACE	ŧ/18	1.4 City-SI-ZiP	301 DOIWCOD-[ 1 14	(CC), 30 · 1 · /C
CITY+ST-ZIP	ATLANTA GA \\	[] DELETE	2 1 TITLE		Change Addition
NAME.	V	<u></u>	2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CHY-ST-7/F			2.4 CITY - ST - ZIP		
TITLE		DELETE	3. 1 TITLE	40-41-41-41-41-41-41-41-41-41-41-41-41-41-	Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3. STREET ADDRESS		
CITY-ST-ZIP		P* Dr. FTF	3.4 CITY - ST - ZIP		Change Addition
TOLE		DELETE	4 1 TITLE		
NAME			4.2 NAME	7000018	04237
STREET ADDRESS			4.3 STREET ADDRESS 4.4 City-ST-ZIP	70000181 -05/02/96011 ***200.00	J12U25
CHY-ST-ZIP TITLE		DELETE	5. 1 TITLE	*****	Change
NAME			5.2 NAME		· Ju
STREET ADDRESS			5.3 STREET ADDRESS		- 1 Y
CITY-ST-ZIP			5.4 CITY - ST - ZIP		SIN
TITLE		DELETE	6. 1 TITLE		ange Modition
NAME			6.2 NAME		J
STREET ADDRESS			6.3 STREET ADDRESS		
OITY C1 7-0			6.4 CITY - ST - ZIP		

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 certify that I am an officer or directly of the Coporation or the occiving trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 15 or chapter 60 on an attactment with an address.

PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

SIGNATURE:

4 22.96

Daytimo Phone #