

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 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90172 040 \*\*\*158.75

**DOCUMENT # P94000033828**

1. Corporation Name

FLORIDA TITLE LOANS, INC.

Principal Place of Business

971 E. TENNESSEE  
TALLAHASSEE FL 32308  
US

Mailing Address

8601 DUNWOODY PLACE  
SUITE 406  
ATLANTA GA 30350  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/02/1994

4. FEI Number

65-0491205

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

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S PINE ISLAND RD.  
PLANTATION FL 33324

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PSD ☒ DELETE  
NAME AYCOX, ROD  
STREET ADDRESS 8601 DUNWOODY PL STE 406  
CITY-ST-ZIP ATLANTA GA 30350

1.1 TITLE P/D/CEO ☐ Change ☒ Addition  
1.2 NAME Robert I. Reich  
1.3 STREET ADDRESS 8601 Dunwoody Pl., Ste 406  
1.4 CITY-ST-ZIP Atlanta, GA 30350

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE VP/T/CFO ☐ Change ☒ Addition  
2.2 NAME Terry E. Fields  
2.3 STREET ADDRESS 8601 Dunwoody Pl., Ste 406  
2.4 CITY-ST-ZIP Atlanta, GA 30350

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE Asst. Treas./Controller ☐ Change ☒ Addition  
3.2 NAME Richard C. Wallace  
3.3 STREET ADDRESS 8601 Dunwoody Pl., Ste 406  
3.4 CITY-ST-ZIP Atlanta, GA 30350

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE S/ General Counsel ☐ Change ☒ Addition  
4.2 NAME John J. McCloskey  
4.3 STREET ADDRESS 8601 Dunwoody Pl., Ste 406  
4.4 CITY-ST-ZIP Atlanta, GA 30350

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 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]* PRESIDENT, Treasurer & CFO  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/99

Date

Daytime Phone #

CR2E034 (1/98)