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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

19	996	Con in the	7	DIVISION OF	CORPORATIONS		
DOCUM 1. Corporation N		P9400	000	35285 (3)		
THE T	ITLE LOA	N STORE, INC.				A LOCALDE LANGUA DI LA	ANGER AND A EXIST NINE TO BE THE BOTH AND
					N		
Principal Place of	l Business		Ma	illing Address		1 58413801 119 10111 81811 80111 8811	OBLIC BRIDE IN A IN BUILD COOL LAIDS BIS 1881
735 NW 22 AVE MIAMI FL 33125				8601 DONWOODY P	LACE		
			#718 Atlanta ga 30350			Date Incorporated or Qualified	3a. Date of Last Report
i i				US		05/06/1994	08/09/1995
2. Principa' Place	e of Business			Mailing Address	** *** ** *** *** *** *** *** *** ***	4. FEI Number	Applied For
21			26	Suite, Apt. #, etc.		65-0491052	Not Applicable
Suite, Apt. #,	etc.		27		10/a	5. Certificate of Status Dosired [Fee Required
City & State				City & State		6. Election Campaign Financing	\$5.00 May Be
23	T	Courses.	28	Zφ	Country	Trust Fund Contribution 8. This corporation has liability for inta	Added to Fees
Zip 24	25	Country	29	zψ	30		No
		d Address of Current		tered Agent		10. Name and Address of New Reg	istered Agent
					81 Name	naitesman T.	System
CAPPS, GERALD N				82 Street Add		ddress (P.O. Box Number is Not Acceptable)	- 101
	V 22 AVE				B3	300 South Pine	tolord La
MIAMI E	FL 33125		1				Last 75 Octo
		1			84 City Q	partotop	FL B5 Zip Code 333324
11. Pursuant to	the provisions	of Sections 607.0502	and 60	7.1508, Florida Statute	es, the above named corp	poration submits this statement for the purpounder of directors. I bereby accept the appoint	ose of changing its registered office
familiar with,	, and accept '	ni obligations of, Socte	a. 607.	0505, Florid ISNIN	IFER FAUL	poration submits this statement for the purpoper of directors. I hereby accept the appoin	bukan
CICKIATUES	gnatoro, typed or p	11 / 1 /		ASSIS'	TANT SECRI		DATE
12.	granen, typiso or p	ORF CERS AND		TORS	13.	ADDITIONS/CHANGES TO OFFIC	
THTLE	P	77 V		DELETI.	1, 1 TITLE		Change Addition
NAME	AYCOX				1.2 NAME		_
STREET ADDRESS		UNYTOODY PLACE	#718		1.3 STREET AUDITESS 15	1	6 ' >
CITY-ST-ZIP TITLE	ATLAN	IA YA			140114 63 70	19 powwood 1028	iacc, Suite 406
NAME		4		[] DELETE	1.4 CHY+ST - Z/P	19 powered 1028	Change Addition
STREET ADDRESS		¥		DELETE	1.4 CiTY - ST - Z:P	19 powered 1028	
		1		[] DELETE	1.4 CHY-ST-ZP 2 1 HILE	14 powered lass	
CITY-ST-ZIP					1.4 CHY-ST-ZP 2.1 THE 2.2 NAME 2.3 STREET ADDRESS 2.4 CHY-ST-ZIP	19 passand Pass	☐ Change ☐ Addition
TITLE				☐ DEFELE	1.4 CHY-S1-ZP 2.1 THE 2.2 NAME 2.3 STREET ADDRESS 2.4 CHY-S1-ZIP 3.1 THE	Scot Dunnong P	
TITLE NAME					1.4 CHY-ST-ZP 2.1 THE 2.2 NAME 2.3 STRELLADDRESS 2.4 CHY-ST-ZIF 3.1 THE 3.2 NAME	19 passand 1008	☐ Change ☐ Addition
TITLE					1.4 CHY-S1-ZP 2.1 THE 2.2 NAME 2.3 STREET ADDRESS 2.4 CHY-S1-ZIP 3.1 THE	Scot Dunwood Pl	☐ Change ☐ Addition ☐ Change ☐ Addition
TITLE NAME STREET AUDRESS					1.4 CHY-ST-ZP 2.3 THLE 2.2 NAME 2.3 STRET LADDRESS 2.4 CHY-ST-ZIP 3.1 THLE 3.2 NAME 3.3 STREET ADDRESS	19 pawang Pi	☐ Change ☐ Addition
TITLE NAME STREET AUDRESS CITY-ST-7-P				□ DELETE	1.4 CHY-ST-ZP 2.1 THE 2.2 NAME 2.3 STREEL ADDRESS 2.4 CHY-ST-ZIP 3.1 THE 3.2 NAME 3.3 STREEL ADDRESS 3.4 CHY-ST-ZIP 4.1 THE 4.2 NAME		Change Addition Change Addition Change Addition
TITLE NAME STREET ADDRESS CHY-SI-Z-P TITLE NAME STREET ADDRESS				□ DELETE	1.4 CHY-ST-ZP 2.1 THEE 2.2 NAME 2.3 STREEL ADDRESS 2.4 CHY-ST-ZIP 3.1 THEE 3.2 NAME 3.3 STREEL ADDRESS 3.4 CHY-ST-ZIP 4.1 THEE 4.2 NAME 4.3 STREEL ADDRESS		Change Addition Change Addition Change Addition
TITLE NAME STREET ADDRESS CHY-SI-Z-P TITLE NAME STREET ADDRESS CHY-SI-Z-P				□ DELETE	1.4 CHY-ST-ZP 2.1 THE 2.2 NAME 2.3 STREEL ADDRESS 2.4 CHY-ST-ZIP 3.1 THE 3.2 NAME 3.3 STREEL ADDRESS 3.4 CHY-ST-ZIP 4.1 THE 4.2 NAME		Change Addition Change Addition Change Addition
TITLE NAME STREET ADDRESS CHY-SI-Z-P TITLE NAME STREET ADDRESS				DELETE	1.4 CHY-ST-ZP 2.1 THE 2.2 NAME 2.3 STREEL ADDRESS 2.4 CHY-ST-ZIP 3.1 THE 3.2 NAME 3.3 STREEL ADDRESS 3.4 CHY-ST-ZIP 4.1 THE 4.2 NAME 4.3 STREEL ADDRESS 4.4 CHY-ST-ZIP	4000180 -05/02/960103 ***200.00	Change Addition Change Addition Change Addition
TITLE NAME STREET ADDRESS CHY-SI-Z-P TITLE NAME STREET ADDRESS CHY-SI-Z-P TITLE				DELETE	1.4 CHY-ST-ZP 2.1 THE 2.2 NAME 2.3 STREELADDRESS 2.4 CHY-ST-ZIP 3.1 THE 3.2 NAME 3.3 STREELADDRESS 3.4 CHY-ST-ZIP 4.1 THE 4.2 NAME 4.3 STREELADDRESS 4.4 CHY-ST-ZIP 5.1 THEF		Change Addition Change Addition Change Addition
TITLE NAME STREET ADDRESS CHY-ST-Z-P TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME				☐ DELETE	1.4 CHY-ST-ZP 2.1 THE 2.2 NAME 2.3 STREEL ADDRESS 2.4 CHY-ST-ZIP 3.1 THE 3.2 NAME 3.3 STREEL ADDRESS 3.4 CHY-ST-ZIP 4.1 THE 4.2 NAME 4.3 STREEL ADDRESS 4.4 CHY-ST-ZIP 5.1 THE 5.2 NAME 5.3 STREEL ADDRESS 5.4 CHY-ST-ZIP 5.3 STREEL ADDRESS 5.4 CHY-ST-ZIP 5.3 STREEL ADDRESS 5.4 CHY-ST-ZIP		Change Addition Change Addition Change Addition Addition Addition Addition
TITLE NAME STREET ADDRESS CHY-ST-Z-P TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE				DELETE	1.4 CHY-ST-ZP 2.1 THLE 2.2 NAME 2.3 STREEL ADDRESS 2.4 CHY-ST-ZIP 3.1 THLE 3.2 NAME 3.3 STREEL ADDRESS 3.4 CHY-ST-ZIP 4.1 THLE 4.2 NAME 4.3 STREEL ADDRESS 4.4 CHY-ST-ZIP 5.1 THLE 5.2 NAME 5.3 STREEL ADDRESS 5.4 CHY-ST-ZIP 6.1 THLE		Change Addition Change Addition Change Addition
TITLE NAME STREET ADDRESS CHY-ST-Z-P TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP				☐ DELETE	1.4 CHY-ST-ZP 2.1 THE 2.2 NAME 2.3 STREEL ADDRESS 2.4 CHY-ST-ZIP 3.1 THE 3.2 NAME 3.3 STREEL ADDRESS 3.4 CHY-ST-ZIP 4.1 THE 4.2 NAME 4.3 STREEL ADDRESS 4.4 CHY-ST-ZIP 5.1 THE 5.2 NAME 5.3 STREEL ADDRESS 5.4 CHY-ST-ZIP 5.3 STREEL ADDRESS 5.4 CHY-ST-ZIP 5.3 STREEL ADDRESS 5.4 CHY-ST-ZIP		Change Addition Change Addition Change Addition Addition Addition Addition

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 Statut's. 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 logal effect as if made under cath; that I am an officer or director of the emporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 3 if chapter 50 or on an altachment with an address.

SIGNATURE://

SIGNATURE AND YEED OR PRIVILED NAME OF SIGNING OFFICER OR DIRECTOR

Daytinie Phone # 11120-122 CR2E034 (12/95)