## 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

## DOCUMENT # P95000010667

1. Corporation Name

FAMILY AUTO TITLE LOANS, INC.

Principal Place of Business	

## **FILED** Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90030 019 \*\*\*150.00



Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.					
DO NOT WRITE IN THIS SPACE   3. Date Incorporated or Qualified   20/2/08/1985   3. Date Incorporated or Qualified   2. Date Incorporated   2. Date	Principal Place		=		
US  DONOT WITE IN THIS SPACE  2. Principal Place of Business 21					
2. Principal Place of Business 2. Suttle, Apt. 8, etc. 2. City & State. 2. Country 2. Top. 2. Country 2. Top. 2. Country 2. Suttle, Apt. 8, etc. 3. District Companies Pleancing State State Suttle State Stat		LE FL 33309			DO NOT WRITE IN THIS SPACE
Applied For   SYZ   Not   Not   Applied For   SYS   Applied For   Appl	03		00		1
22   Sulte, Apt. #, etc.   Sulte, Apt. #, et	2. Principal Pla	ace of Business	2a, Mailing Address		
Suitle, Apt. #, etc.    Suitle, Apt. #, etc.   272   273   274   275   2	— /`~/~	A	SAM+	2	65-0553978 Not Applicable
City & State			Suite, Apt. #, etc.		5 Certificate of Status Desired \$8.75 Additional
Added to Fees   Added to Fees   Zip   Country   Zip   Country   Zip			——————————————————————————————————————		
Zip   Country   Zip   Country   Zip   Country   Zip   Country   State   Country   Country   Zip   Country   Zip   Country   Zip		1	<b>├</b> ──		
S. Name and Address of Current Registered Agent  GAMMINO, JOSEPH P 8411 N.W. 42 CT. CORAL SPRINGSE FL 33067  82 Street Address (P.O. Box Number is Not Acceptable)  83   Marne  84		Country	Zip Cou	intry	
GAMMINO, JOSEPH P 6411 N.W. 42 CT. CORAL SPRINGSE FL 33067  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 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, and accept the obligations of, Section 807.0505, Florida Statutes.  SIGNATURE  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  GAMMINO, JOSEPH P SIREET ADDRESS  CITY. ST. 2P  CORAL SPRINGS FL 33067  11. CITY ST. 2P  CORAL SPRINGS FL 33067  12. TITLE  DELETE  13. TITLE  CORAL SPRINGS FL 30067  14. CITY. ST. 2P  CORAL SPRINGS FL 30067  15. TITLE  CORAL SPRINGS FL 30067  16. Change  Addition  Addition  Addition  Addition  Addition  Addition  Addition  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change  Addition  Addition  Addition  Addition  Addition  Addition  Addition  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change  Addition  Addition  Addition  Addition  Addition  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change  Addition  Addition  Addition  Addition  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change  Addition  Addition  Addition  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change  Addition  Addition  Addition  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change  Addition  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  ADDITIONS/CHANGES TO OFFICERS AND DIREC	24 3331	09 [25] VSA	29 30		Personal Property Tax. Yes No
GAMMINO, JOSEPH P 6411 N.W. 42 CT.  CORAL SPRINGSE FL 33067  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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE   OFFICERS AND DIRECTORS   13.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12.   OFFICERS AND DIRECTORS   13.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12.   OFFICERS AND DIRECTORS   13.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  13.   STREET ADDRESS   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  14.   CITY ST. 2/P   STREET ADDRESS   STREET ADDRE		9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered Agent
6411 N.W. 42 CT. CORAL SPRINGSE FL 33067  82 Street Address (P.O. Box Number is Not Acceptable)  83   84				81 Name	
CORAL SPRINGSE FL 33067    83				82 Street Addre	ess (P.O. Box Number is Not Acceptable)
### 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 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, to 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 agent at the provision of part of the purpose of change in the provision of part of the provision of the provision of part of the provision				83	
### 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 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, to 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 agent at the provision of part of the purpose of change in the provision of part of the provision of the provision of part of the provision				R4 City	g5 Zin Code
office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of director's. I hereby accept the appointment as registered agent, a maintain with, and accept the obligations of, Section 687,0505, Florida Statutes.  SIGNATURE    Signature, typed or printed name of registered agent and title of applicable. (NOTE: Registered Agent signature required when reinstalling)   DATE		·		S4 City	FL  °   Ep coas
Signature, typed or printed name of registered agent and title if applicable.   NOTE: Replaced Agent signature required when reinstaturing)   DATE	office or re agent. I an	egistered agent, or both, in the State of	f Florida. Such change was authorized ons of, Section 607.0505, Florida Stat	to the corporation by the corporation the corp	on's board of directors. I hereby accept the appointment as registered
TITLE				Agent signature required	
NAME   GAMMINO, JOSEPH P   12 NAME   12 NAME   13 STREET ADDRESS   6411 N.W. 42 CT.   13 STREET ADDRESS   CTY-ST-ZIP   CORAL SPRINGS FL 33067   14 CITY-ST-ZIP   Change   Addition of the control of th					
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COTY.ST-ZIP   CORAL SPRINGS FL 33067	NAME				
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NAME	CITY-ST-ZIP	CORAL SPRINGS FL 33067			
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STREET ADDRESS	TITLE.	4 4	☐ DELETE 3.1 π	TLE .	☐ Change ☐ Addition
CITY-ST-ZIP	NAME		3.2 N	AME	
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Change Addition			5.4 C	111-31-21	
	TITLE I				☐ Change ☐ Addition
NAME 62 NAME	TITLE		DELETE 6.1 TI	TLE	☐ Change ☐ Addition

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 federiver 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.

6.4 CITY-ST-ZIP

SIGNATURE: