

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 1795000042889

1. Corporation Name

Loans 4 Titles, Incorporated

Principal Place of Business

Mailing Address

**947 N. Andrews Avenue
Fort Lauderdale, Florida 33311**

**300001838843
-05/24/96--01070--010
***200.00**

2. Principal Place of Business

2a. Mailing Address

21 947 N. Andrews Avenue

26 947 N. Andrews Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22
City & State

27
City & State

23 Ft. Lauderdale, FL 33311

28 Ft. Lauderdale, FL 33311

Zip

Country

Zip

Country

24 33311

25 USA

29 33311

30 USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

June 2, 1995

1st Since Incorp.

4. FEI Number

Applied For

65-0590718

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

Stephen Osbourn

82 Street Address (P.O. Box Number is Not Acceptable)

83

947 N. Andrews Avenue

84 City

Ft. Lauderdale

FL

85 Zip Code

33311

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 **Stephen Osbourn**

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

2-15-96

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **Stephen Osbourn**

STREET ADDRESS **947 N. Andrews Avenue**

CITY - ST - ZIP **Ft. Lauderdale, FL 33311**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

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STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 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 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.

SIGNATURE: **Stephen Osbourn - President** *Stephen Osbourn* **2-15-96**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

954-523-6112

SG 5-1-96

CR2E034 (12/95)