

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 03 1997 8:00am  
Secretary of State

|                                                       |                                                                                   |                                                                                                           |
|-------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|-------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|

DOCUMENT # **P95000053429 (3)**

1. Corporation Name:  
**ACE TITLE LOAN, INC.**



|                                                                                      |                                                                               |
|--------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| Principal Place of Business<br><b>1089 N NAVY BLVD<br/>PENSACOLA FL 32507<br/>US</b> | Mailing Address<br><b>1089 N NAVY BLVD<br/>PENSACOLA FL 32507-4440<br/>US</b> |
|--------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|

|                                                                                                                                                                |                                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 3. Date Incorporated or Qualified<br><b>07/05/1995</b>                                                                                                         | 3a. Date of Last Report<br><b>03/06/1996</b>           |
| 4. FEI Number<br><b>59-3327927</b>                                                                                                                             | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                  |                                                        |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                                          |                                                        |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                                        |

|                                                                                                     |                                                                                          |
|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip<br>24 Country | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip<br>29 Country |
|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|

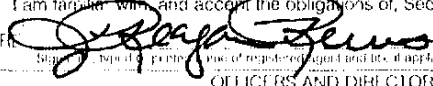
9. Name and Address of Current Registered Agent

**REEVES, REAGAN J. J. REAGAN**  
**1089 N NAVY BLVD**  
**PENSACOLA FL 32507**

10. Name and Address of New Registered Agent

|                                                       |
|-------------------------------------------------------|
| 81 Name<br><b>REEVES, J. REAGAN</b>                   |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83                                                    |
| 84 City<br><b>FL</b>                                  |
| 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:  **J. REAGAN REEVES** 1/12/97  
DATE: 1/12/97

| 12. OFFICERS AND DIRECTORS |                                      |
|----------------------------|--------------------------------------|
| TITLE                      | CPST <input type="checkbox"/> DELETE |
| NAME                       | <b>GALEY, JOHN N.</b>                |
| STREET ADDRESS             | <b>POST OFFICE BOX 5470</b>          |
| CITY-ST-ZIP                | <b>DESTIN FL</b>                     |
| TITLE                      | <input type="checkbox"/> DELETE      |
| NAME                       |                                      |
| STREET ADDRESS             |                                      |
| CITY-ST-ZIP                |                                      |
| TITLE                      | <input type="checkbox"/> DELETE      |
| NAME                       |                                      |
| STREET ADDRESS             |                                      |
| CITY-ST-ZIP                |                                      |
| TITLE                      | <input type="checkbox"/> DELETE      |
| NAME                       |                                      |
| STREET ADDRESS             |                                      |
| CITY-ST-ZIP                |                                      |
| TITLE                      | <input type="checkbox"/> DELETE      |
| NAME                       |                                      |
| STREET ADDRESS             |                                      |
| CITY-ST-ZIP                |                                      |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                              |
|-------------------------------------------------------|------------------------------------------------------------------------------|
| 1.1 TITLE                                             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME                                              | <b>GALEY, JOHN N.</b>                                                        |
| 1.3 STREET ADDRESS                                    | <b>IS A DIRECTOR (D) IN ADDITION</b>                                         |
| 1.4 CITY-ST-ZIP                                       | <b>TO CP ST. SO IT SHOULD READ ZIP 32540</b>                                 |
| 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME                                              |                                                                              |
| 2.3 STREET ADDRESS                                    |                                                                              |
| 2.4 CITY-ST-ZIP                                       |                                                                              |
| 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME                                              |                                                                              |
| 3.3 STREET ADDRESS                                    |                                                                              |
| 3.4 CITY-ST-ZIP                                       |                                                                              |
| 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME                                              |                                                                              |
| 4.3 STREET ADDRESS                                    |                                                                              |
| 4.4 CITY-ST-ZIP                                       |                                                                              |
| 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME                                              |                                                                              |
| 5.3 STREET ADDRESS                                    |                                                                              |
| 5.4 CITY-ST-ZIP                                       |                                                                              |
| 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME                                              |                                                                              |
| 6.3 STREET ADDRESS                                    |                                                                              |
| 6.4 CITY-ST-ZIP                                       |                                                                              |

14. I do 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

SIGNATURE:  **JOHN N. GALEY** 1/12/97 904456-8899  
DATE: 1/12/97 Daytime Phone: 904456-8899

CR2E034 (9/96)