

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

**FILED**  
**Jan 27 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P95000062534 (9)**  
 1. Corporation Name  
**AUTO-CASH TITLE LOANS, INC.**



Principal Place of Business <b>6838 PARK BLVD PINELLAS PARK FL 34665 US</b>	Mailing Address <b>6838 PARK BLVD PINELLAS PARK FL 33761 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>08/11/1995</b>	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number <b>59-3336651</b>	Applied For <input type="checkbox"/> Not Applicable
23 Zip	25 Country	29 Zip	30 Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>SAMAHA, JOHN N 6838 PARK BLVD PINELLAS PARK FL 34665</b>				10. Name and Address of New Registered Agent			
				81 Name	<b>Dorothy M. Margaritis</b>		
				82 Street Address (P.O. Box Number is Not Acceptable)	<b>6838 Park Blvd</b>		
				83			
				84 City	<b>Pinellas Park</b>	85 Zip Code <b>FL 34665</b>	

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: *Dorothy Margaritis* DATE: **1/13/98**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PDT</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>P.D.T.</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SAMAHA, JOHN N</b>	1.2 NAME	<b>Marshall Gootson</b>
STREET ADDRESS	<b>6838 PARK BLVD</b>	1.3 STREET ADDRESS	<b>7996 4th Ave S</b>
CITY-ST-ZIP	<b>PINELLAS PARK FL</b>	1.4 CITY-ST-ZIP	<b>St Petersburg FL 33707</b>
TITLE	<b>DVPS</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>P.D.S.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARGARITA, DOROTHY M</b>	2.2 NAME	<b>Margaritis, Dorothy M</b>
STREET ADDRESS	<b>6838 PARK BLVD</b>	2.3 STREET ADDRESS	<b>6838 Park Blvd</b>
CITY-ST-ZIP	<b>PINELLAS PARK FL</b>	2.4 CITY-ST-ZIP	<b>Pinellas Park FL 34665</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: *Dorothy Margaritis* DATE: **1/13/98**

CR2E034 (10/97)