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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9500068871

1. Corporation Name

AMERICAN AUTO LOAN COMPANY

							<u> </u>			1881 HAN 1881
Principal Place of Business Mailing Address								•, ••		
3838 CLEVELAND AVENUE 3838 CLEVELAND										
FORT MYERS F	FL 33901		FORT MYERS FL 33901				DO NOT WRITE IN THIS SPACE			
US		US					3. Date Incorporated or Qualifed			
							09/07/1995			
2. Principal Place of Business			2a. Mailing Address				4. FEI Number		Apr	lied For
21			26				65-0612736	_	Not	Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired	¬ \$8	.75 A	dditional
22			27				3. Certificate of Status Desired		Fee Red	quired
City & State			City & State				6. Election Campaign Financing \$5.00 May Be			
23		28	28				Trust Fund Contribution		Added to	Fees
Zip	Country Zip			Cou	ntry		8. This corporation owes the current			_
24	25 29 30			Personal Property Tax.						
	9. Name and Address of Curr	ent Register	ed Agent				10. Name and Address of New Reg	istered/Agen		
TILAL	AINC THOMAS A				81	Name		•		
TIMMINS, THOMAS A				82 Street Add			Iress (P.O. Box Number is Not Acceptable)		
3838 CLEVELAND AVE FT MYERS FL 33901										
FIN	ILÉHO LT 3380 I				83					
					84	City		85	Zip C	ode
4. 3	·	_				•		FL 💍	<u> </u>	
office or r	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the obli	le of Florida .	Such change was a	uthorized	hv 1	the comorati	poration submits this statement for the pur ion's board of directors. I hereby accept the	pose of chang le appointmen	ing its r t as reg	egistered istered
SIGNATURE										
	Signature, typed or printed name of registered a				Agent	signature require	3)	DATE	FCTO	20 IN 42
12.		AND DIRECT		13.			ADDITIONS/CHANGES TO OFFIC		hange	Addition
TITLE	PRES		☐ DELETE	1.1 TI					nango	L Address
NAME	TIMMINS, THOMAS A			1.2 NAME						
STREET ADDRESS					1.3 STREET ADDRESS					
CITY-ST-ZIP	FORT MYERS FL		Occupie	1.4 Cf		- ZIP			hange	Addition
TITLE	SEC		☐ DELETE	2.1 T/					nango	
NAME	WEIR, WILLIAM J			2.2 NA						
STREET ADDRESS					2.3 STREET ADDRESS					
CITY-ST-ZIP	FORT MYERS FL		☐ DELETE	_	_	T-ZIP~-			hange	Addition
TITLE	•		□ OELETE	3.1 TF			• *	□,	, ion igo	
NAME				3.2 N						
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP			☐ DELETE	3.4. C		1-219	· · · · · · · · · · · · · · · · · · ·		hange	Addition
TITLE			□ pereie						nungo	
NAME				4.2 N						
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP			☐ DELETE	4.4 CI		-ZIP		<u> </u>	hange	Addition
TITLE			☐ DELETE	5.1 TV 5.2 NA					nange	- Addition
NAME						ADDRESS				
STREET ADDRESS				5.4 CI		i				
CITY-ST-ZiP			☐ DELETE	6.1 Ti		-ur			hange	Addition
TITLE			□ DELETE	6.2 N					ange	
NAME				1		ADDRESS				
STREET ADDRESS				b.3 S	KEE!	ADDRESS				

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 acciver 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:

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR