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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # P95000069794 (2)

INTERNATIONAL TITLE LOAN, INC.

Principal Pla	ce of Business	Mailing Address						
424 N.W. 131 GAINESVILLE	TH STREET	424 N.W. 13TH STREE	424 N.W. 13TH STREET GAINESVILLE FL 32801-4900			,		
					3. Date Incorporated or Qualific		e of Last R	eport
 	Place of Business	2a. Mailing Address		•	4. FEI Number			oplied For
Suite, Apt) # ote	26			59-3336421 Not Applicable			
22		27			6. Certificate of Status Desired	Fee Required		
City & Sta	ate	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Z(p)	Country 25	Zip 29	Countr 30	у	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
	9. Name and Address of Curr				10. Name and Address of New	Registered A	gent	
JOHNSON, HUNTLEY				Name				
226 SW 2ND ST GAINESVILLE FL 32601				Street Add	ress (P.O. Box Number is Not Accep	otable)		
	ANAESAITTE LE 25001		83					
			84	City		FL	85 Zip (Code
11. Pursuan	to the provisions of Sections 607.0	502 and 607.1508. Florida Sta	atutes, the above	/e-named cor	poration submits this statement for the	ne purpose of o	hanging if	is registered
 office or 	registered agent, or both, in the Sta am familiar with, and accept the ob-	ite of Florida. Such change w	as authorized b	w the cornors	tion's board of directors. I hereby ac	cept the appo	intment as	registered
SIGNATURE			, , , , , , , , , , , , , , , , , , , ,					
	Stgr atare, typed or printed name of registered			pent signature requ	ired when reinstaling)	DATE		
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO O			
1IILE			1.1 TITLE 1.2 NAME				Change	Addition
NAME STREET ADDRESS	MCDONALD, JOHN 424 N.W. 13TH STREET	1.3		T ADDRESS				
CITY-ST-ZIP	GAINESVILLE FL 32801							
TILE	GRUNLOVILLE I E OZOUT	DELETE	1.4 CITY- 21 TITLE		· · · · · · · · · · · · · · · · · · ·		Change	Addition
NAME			2 2 NAME			•		
STREET ADDRESS	:		2.3 STREET ADDRESS					
CITY-ST-ZIP			2. 4 CITY		•			
TITLE		DELETE	31 TITLE				Change	Addition
NAME			32 NAME					
STREET ADDRESS			3 3 STREE	T ADDRESS		·		
CITY - ST - ZIP			3 4. CITY	-ST-ZIP				
TITLE		☐ DELETE	41 TITLE				Change	Addition
NAME			4 2 NAM	E				
STREET ADDRESS			4.3 STREE	t address				
CHTM - ST - 7HP			4.4 CITY	ST-ZIP				
TITLE		DELETÉ	51 TITLE			l	Change	Addition
NAME			52 NAME	i				
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP	<u> </u>	Driere	5.4 CHY-				T Ch	(a a a ta t = -
TITLE		☐ DELETE	6 1 TITLE			l	Change	Addition
NAME			62 NAME					
STREET ADDRESS				T ADDRESS				
CITY - ST - ZIP	ŧ		64 CITY	CT_7IP 1				

14. Ho hereby cert by 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 trystee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

appears in Block 12 or Block 13 if chan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

1/24/97

352-378-0470

ayt me trione #

FILED

Jan 30 1997 8:00am

Secretary of State