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

FILED May 07 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P95000078552 (3) **AUTO TITLE LOANS, INC.** Principal Place of Business Mailing Address 1108 W NEW HAVEN AVE 1108 W NEW HAVEN AVE MELBOURNE FL 32904 MELBOURNE FL 32904 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/10/1995 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 59-3342450 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes Yes Personal Property Tax due June 30. 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 LEVY, PAUL R 1177 N A1A #303 82 INDIATLANTIC FL 32903 NDALWOO 83 84 Zip Code **3293**5 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's agent. I am fairthar with, and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

SIGNATURE

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SIGNATURE ts this statement for the purpose of changing its registered directors. I hereby accept the appointment as registered ed Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change TITLE 1.1 TITLE LEVY, PAUL 1.2 NAME NAME 1177 N A1A #303 STREET ADORESS 1.3 STREET ADDRESS INDIATLANIC FL 32903 CITY-ST-ZIP 1.4 CITY - ST - ZIP Addition DELETE Change TITLE 21 TITLE DRAKE, CHER 2.2 NAME 212 TINDAL St. S.W. STREET ADDRESS 2.3 STREET ADDRESS 32908 ALM BAY, CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME STAR NAME 33 STREET ADDRESS STREET ADDRESS SANDALWOOD DR 3 4. CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST- ZIP CITY-ST-ZIP

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 chapter on an attacyment with an address.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

53 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

DELETE

DFLETE

SIGNATURE

TITLE

NAME

TITLE NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

(VP-CHER DRAKE)

407-728-4888

Change

Change

Addition

Addition